EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

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

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

2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, C Name of organization D Employer identification number Check if applicable Address change HEPHZIBAH CHILDREN'S ASSOCIATION Name 36-2167096 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 946 NORTH BOULEVARD 708-649-7100 11,670,617. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended OAK PARK, IL 60301 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KENNA MACKINNON Yes X No for subordinates? 60301 946 NORTH BOULEVARD, OAK PARK, IL **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.HEPHZIBAHHOME.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1902 M State of legal domicile: IL Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: HEPHZIBAH IS A CHILD WELFARE Governance AGENCY PROVIDING GROUP HOME CARE, FOSTER CARE AND DAYCARE SERVICES if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 242 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 8,813,896. 9,134,768. Contributions and grants (Part VIII, line 1h) 8 1,702,650. 1,336,818. Program service revenue (Part VIII, line 2g) 119,299. 101,619. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 73,846. -47,745. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 10,709,691. 10,525,460. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 973,982. 819,874. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 7,340,813. 6,984,722. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,786,029. 2,014,911. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,175,598. 9,744,733. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 964,958. 349,862. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 10,277,370. 11,933,201 20 Total assets (Part X, line 16) 921,799. 2,259,483 21 Total liabilities (Part X, line 26) 三年 355,571. 9,673,718 22 Net assets or fund balances. Subtract line 21 from line 20

Part II | Signature Block

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

Signature of officer Date Sign KENNA MACKINNON, PRESIDENT Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 03/15/21 P00095596 THOMAS G. ANDREWS THOMAS G. ANDREWS Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Preparer Firm's address 1301 WEST 22ND STREET, SUITE 1100 Use Only Phone no. 6305738600 OAK BROOK, IL 60523 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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| . u. | Check if Schedule O contains a response or note to any line in this Part III |
|------|--|
| 1 | Briefly describe the organization's mission: TO HELP CHILDREN THRIVE AND FAMILIES FLOURISH THROUGH INNOVATIVE, |
| | COMMUNITY BASED PROGRAMS |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$2,132,325. including grants of \$702,753.) (Revenue \$ |
| | FOSTER CARE - HEPHZIBAH OFFERS AN INTENSIVE SPECIALIZED FOSTER CARE |
| | PROGRAM THAT BUILDS ON A UNIQUE CONCEPT OF TEAM. FOCUS IS ON FINDING |
| | FOSTER CARE PLACEMENT FOR THE EMOTIONALLY DISTURBED / BEHAVIORALLY |
| | DISORDERED CHILD. HEPHZIBAH'S TEAMS ARE FLEXIBLE IN THAT THEIR |
| | COMPOSITION IS DICTATED BY THE NEEDS OF THE CHILD. TEAM MEMBERS ALWAYS |
| | INCLUDE THE ASSIGNED CASE MANAGER, CASE AIDE, FOSTER FAMILY, AND SUPERVISOR. OTHER AGENCY STAFF ARE INCLUDED AS DICTATED BY THE CHILD'S |
| | NEEDS. TREATMENT PLANS AND DECISIONS ARE MADE BY FORMING CONSENSUS IN A |
| | TEAMWORK FRAMEWORK. FOSTER PARENTS ARE SPECIALLY TRAINED AND SUPPORTED |
| | IN ORDER TO PROVIDE A CORRECTIVE EMOTIONAL AND HEALING ENVIRONMENT TO |
| | CHILDREN WHO HAVE BEEN VICTIMS OF ABUSE AND/OR NEGLECT. HEPHZIBAH |
| | MAINTAINS APPROXIMATELY 90 FOSTER CHILDREN AT ANY GIVEN TIME WHO ARE |
| 4b | (Code:) (Expenses \$ 2,059,152. including grants of \$ 19,324.) (Revenue \$ |
| | DIAGNOSTIC TREATMENT CENTER - PROVIDED SERVICES TO 22 CHILDREN DURING |
| | FY20. THE CHILDREN RECEIVED CARING, NURTURING, AND THERAPEUTIC SERVICES |
| | 24 HOURS A DAY FOR 365 DAYS. THE CONTINUOUS OBJECTIVE OF THE PROGRAM IS |
| | TO PROVIDE A STABLE NURTURING ENVIRONMENT THAT ALLOWS FOR THE CHILDREN |
| | TO BEGIN AND CONTINUE TO HEAL FROM ALL OF THEIR PAST ABUSE AND TRAUMA. |
| | DAILY THERAPEUTIC INTERACTIONS WITH THE PROFESSIONAL CHILDCARE STAFF, |
| | SOCIAL WORKERS, AND THERAPISTS AID IN THE HEALING PROCESS. |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 1,512,661. including grants of \$ 15,872.) (Revenue \$ |
| 70 | RESIDENCE - OUR RESIDENCE PROGRAM PROVIDES LONG-TERM THERAPEUTIC |
| | SUPPORT FOR SEVERELY TRAUMATIZED CHILDREN. IN FY20, SERVICES WERE |
| | PROVIDED TO 13 CHILDREN AT HEPHZIBAH. THESE CHILDREN ARE GIVEN THE |
| | INTENSIVE THERAPEUTIC SUPPORTS THEY NEED TO HEAL, THEY ARE SURROUNDED |
| | BY LOVE AND OPTIMISM AND ENRICHED WITH A WIDE VARIETY OF RECREATIONAL |
| | AND CULTURAL ACTIVITIES. AFTER A ONE- TO TWO-YEAR STAY, MANY ARE READY |
| | TO LOVE AND LIVE IN A FAMILY AGAIN. SINCE THE RESIDENCE WAS ESTABLISHED |
| | IN 1992, MORE THAN 1,000 CHILDREN HAVE FOUND A SAFE HAVEN AND A PLACE |
| | TO HEAL AT HEPHZIBAH HOME. |
| | |
| | |
| 7 A | Other program conject (Describe on Schodule O.) |
| 4d | Other program services (Describe on Schedule O.) (Expenses \$ 2,748,447. including grants of \$ 81,925.) (Revenue \$ 1,336,818.) |
| 4e | Total program service expenses ► 8,452,585. |

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Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| • | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | Ť | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | |
| ′ | | 7 | | x |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | - | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | ٦, |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| - | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | - · · · · | | |
| D | 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 | 145 | | |
| 13 | | 15 | | x |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13 | | |
| 16 | | 46 | | х |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | х |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Δ. |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | ا ہے ا | v | |
| ۵. | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | _ | | 17 |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | | X |

| | 1990 (2019) HEPHZIBAH CHILDREN'S ASSOCIATION 36-216 | 7096 | Р | age 4 |
|------|---|------|-----|-------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 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 | | | l |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | l |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | l |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | l |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | L |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | l |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | l |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pai | rt 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 | | | لب |
| | | _ | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 8 | | |
| h | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | O I | | |

932004 01-20-20

Form **990** (2019)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2019) HEPHZIBAH CHILDREN'S ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | Yes | No | | | |
|--------|--|--------------------|------------------------|------|-----|--------|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 242 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | าร? ฺ | | 2b | Х | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | Ο. | | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account, securities account, or other financial account account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such account in a foreign | ccoui | nt)? | 4a | | Х | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions and Financial Action (Control of Foreign Bank) and Financial (Control of Foreign | ccour | its (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ction? | | 5b | | X | | | |
| С | c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e orga | anization solicit | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons o | r gifts | | | | | | |
| | were not tax deductible? | | | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution | vices _l | provided to the payor? | 7a | X | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | X | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | |
| | to file Form 8282? | ı | | 7c | | X | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | • | | | Х | | | |
| е | 3, 1, 1, 1 | | | | | | | | |
| f | 3 , 3 , 1, 1 | | | | | | | | |
| g | | | | | | | | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | , | | | | | | | | |
| _ | | | | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 0- | | | | | |
| a | | | | 9a | | | | | |
| 10 | | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | LIOD | | | | | | | |
| ·· | | 11a | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| - | amounts due or received from them.) | 11b | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 1 | | | | | | |
| 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 | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| 14a | Bid the consideration and the consideration of the bad and the consideration of the bad and the consideration of the consideration of the bad and the consideration of the consid | | | 14a | | Х | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | e O | | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | ation | or | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | inco | me? | 16 | | Х | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | 265 | | | | |
| | | | | Eorm | 990 | (2010) | | | |

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

| | | | | | | X | | | | | |
|-----|---|-----------|---------------------------------------|-----------------|--------|----------|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | | 1 | | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 18 | _ | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | | | | | | | | |
| b | b Enter the number of voting members included on line 1a, above, who are independent lb 18 | | | | | | | | | | |
| 2 | 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | <u> </u> | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direc | supervision | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X | | | | | |
| 4 | | | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | X | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point (| one or | | | | | | | | |
| | more members of the governing body? | | | 7a | | <u> </u> | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | | | | | | |
| | persons other than the governing body? | | | 7b | | <u> </u> | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by the | e following: | | | | | | | | |
| а | The governing body? | | | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | | | | | | |
| | | | | | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | | | | | |
| b | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | |
| 11a | | | | | | | | | | | |
| b | | | | | | | | | | | |
| 12a | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | X | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | , | | | 7.7 | | | | | | |
| | in Schedule O how this was done | | | 12c | X | ├ | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | ├ | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | dependent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | 37 | | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | _ | | | | | |
| b | Other officers or key employees of the organization | | | 15b | X | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | | | | | v | | | | | |
| | taxable entity during the year? | | | 16a | | X | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | - | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | 401 | | | | | | | |
| 800 | exempt status with respect to such arrangements? | | | 16b | | | | | | | |
| | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed I L | - 1 000 | T (0 1' 504 (-)(0) | I. A | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | ıa 990 | - i (Section 501(c)(3) | s only) | avalla | ela | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | _ | | | | | | | | | |
| 40 | X Own website Another's website X Upon request Other (explain | | , | I £ : ·· | -:-1 | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | iiiiiCt C | n interest policy, and | i iinand | Jial | | | | | | |
| 00 | statements available to the public during the tax year. | | l | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bootened ${\tt THE}$ ORGANIZATION - $708-649-7100$ | ks and | records | | | | | | | | |
| | 946 NORTH BOILEVARD OAK PARK II. 60301 | | | | | | | | | | |

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.

See instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per week | box, | not ch unles | neck r ss per | ition more rson is | than o s both or/trus | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|------------------------------|--|--------------------------------|-----------------------|------------------|--------------------------|------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) ZENTHA BRINNER | 1.00 | | | | | | | | • | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (2) TERRY BROWN | 1.00 | | | | | | | | • | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (3) LISA EMERSON | 1.00 | | | | | | | | • | |
| VICE PRESIDENT | 1 22 | Х | _ | Х | | _ | | 0. | 0. | 0. |
| (4) MARK T. FISHER | 1.00 | _ | | | | | | | _ | _ |
| DIRECTOR | 1 00 | Х | _ | | | | | 0. | 0. | 0. |
| (5) JENNIFER ELLIS-JACKSON | 1.00 | , | | 7, | | | | | 0 | • |
| SECRETARY | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (6) KENNA MACKINNON | 1.00 | ,, | | 7, | | | | | 0 | • |
| PRESIDENT | 0.30 | Х | \dashv | Х | | _ | | 0. | 0. | 0. |
| (7) JOHN MCCONVILLE, M.D. | 1.00 | . , | | | | | | | 0 | 0 |
| DIRECTOR (8) JOHN IDE | 1.00 | Х | | | | | | 0. | 0. | 0. |
| | 0.30 | . l | | х | | | | 0. | 0 | 0 |
| TREASURER (9) ERIC SORENSEN | 1.00 | Х | | ^ | | | | 0. | 0. | 0. |
| | 0.30 | . l | | | | | | 0. | 0. | 0. |
| DIRECTOR (10) BYRON TAYLOR | 1.00 | Х | \dashv | | | | | 0. | 0. | 0. |
| IMMEDIATE PAST PRESIDENT | 0.30 | $ \mathbf{x} $ | | х | | | | 0. | 0. | 0. |
| (11) MARCIA PRESTON | 1.00 | ^ | | Δ | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (12) DONNA ROLF | 1.00 | ^ | \dashv | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (13) CRAIG WILLIAMS | 1.00 | 25 | \dashv | | | | | • | • | • |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (14) AMY FELTON | 1.00 | | | | | | | • | • | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (15) BERNIE LACAYO | 1.00 | | | | | | | | 3. | 3. |
| DIRECTOR | | $ \mathbf{x} $ | | | | | | 0. | 0. | 0. |
| (16) LYNDE O'BRIEN | 1.00 | | \dashv | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (17) LISA AZU-POPOW | 1.00 | - - | \dashv | | | | | | 3. | 30 |
| DIRECTOR | | $ \mathbf{x} $ | | | | | | 0. | 0. | 0. |
| 932007 01-20-20 | 1 | 1 | | | - | | | | • • • | Form 990 (2019) |

| the organization. Report compensation for the calendar year ending with or within | Title organization's tax year. | |
|--|---------------------------------|--------------|
| (A) | (B) | (C) |
| Name and business address | Description of services | Compensation |
| CKA ENTERPRISES, INC. | | |
| 10427 S. VICKY LANE, PALOS HILLS , IL 60465 | BUILDING REMODELING | 203,140. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed | d above) who received more than | |

Form **990** (2019)

\$100,000 of compensation from the organization

Form 990 (2019) HEPHZIB
Part VIII Statement of Revenue

| | | | Check if Schedule O contain | is a response | or note to any lin | e in this Part VIII | | | |
|--|------|----------|---|---------------------|--------------------|---------------------|-------------------|------------------|---------------------------------|
| | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | | function revenue | business revenue | sections 512 - 514 |
| S (0 | 1 . | _ | Federated campaigns | 1a | 20,500. | | | | |
| ants | ' ' | | | | 20,000. | | | | |
| Ę g | ' | | Membership dues | | 359,000. | | | | |
| ts, Ar | • | | Fundraising events | | 113,232. | | | | |
| Gif | • | | Related organizations | | | | | | |
| ns, Sim | • | | Government grants (contribution | | 7,120,492. | | | | |
| er | 1 | f | All other contributions, gifts, grants, | | | | | | |
| ję t | | | similar amounts not included above | | 1,521,544. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 9 | g | Noncash contributions included in lines 1a- | 1f 1g \$ | 181,883. | | | | |
| g g | ı | h | Total. Add lines 1a-1f | | <u> </u> | 9,134,768. | | | |
| | | | | | Business Code | | | | |
| ė | 2 8 | а | DAY CARE | | 624410 | 1,336,818. | 1,336,818. | | |
| r V | ŀ | b | | | | | | | |
| Program Service Revenue | (| С | | | | | | | |
| am | | d | | | | | | | |
| .gc | | е | | | | | | | |
| Pro | 1 | f | All other program service revenu | ie | | | | | |
| | | | Total. Add lines 2a-2f | | | 1,336,818. | | | |
| | 3 | _ | Investment income (including div | | | | | | |
| | _ | | other similar amounts) | | | 69,236. | | | 69,236. |
| | 4 | | Income from investment of tax-e | | | , | | | , |
| | 5 | | Royalties | | | | | | |
| | 3 | | noyaliles | (i) Real | (ii) Personal | | | | |
| | | _ | | (i) Hour | (ii) i croonar | | | | |
| | | | Gross rents 6a | | | | | | |
| | | | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | | Net rental income or (loss) | (°) O · · · · · · · | (**) OH | | | | |
| | 7 8 | а | | (i) Securities | (ii) Other | | | | |
| | | | , <u></u> | 1,034,087. | | | | | |
| | ŀ | b | Less: cost or other basis | | | | | | |
| ine | | | | 1,001,704. | | | | | |
| ver | • | С | Gain or (loss)7c | 32,383. | | | | | |
| her Revenue | (| d | Net gain or (loss) | <u></u> | | 32,383. | | | 32,383. |
| Jer | 8 8 | а | Gross income from fundraising even | ts (not | | | | | |
| ₹ | | | including \$ 359,0 | 00. of | | | | | |
| | | | contributions reported on line 10 | c). See | | | | | |
| | | | Part IV, line 18 | 8a | 94,988. | | | | |
| | ı | b | Less: direct expenses | | 143,453. | | | | |
| | | | Net income or (loss) from fundra | | > | -48,465. | | | -48,465. |
| | | | Gross income from gaming activ | - | | | | | |
| | | | Part IV, line 19 | | | | | | |
| | | b | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gaming | | • | | | | |
| | | | Gross sales of inventory, less ret | | | | | | |
| | | _ | and allowances | | a | | | | |
| | | h | Less: cost of goods sold | | | | | | |
| | | | Net income or (loss) from sales of | | | | | | |
| | | _ | THE INCOME OF 11033/ 110111 SAIES C | , inventory . | Business Code | | | | |
| Sn | 44 - | _ | MISCELLANEOUS | | 900099 | 720. | | | 720. |
| Miscellaneous Revenue | 116 | | | | 300033 | 720. | | | 720. |
| llar en | , | b | | | | | | | |
| sce Be | (| C | All all and an area | | 900099 | | | | |
| Ξ | (| | All other revenue | | | 700 | | | |
| | | <u>e</u> | Total. Add lines 11a 11d | | | 720. | 1 226 212 | | E2 054 |
| | 12 | | Total revenue. See instructions | | | 10,525,460. | 1,336,818. | 0. | 53,874. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 819,874. 819,874. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 299,570. 20,771. 382,657. 62,316. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,686,226. 4,884,238. 521,697. 280,291. Other salaries and wages 7 Pension plan accruals and contributions (include 274,294. 229,219. 28,241. 16,834. section 401(k) and 403(b) employer contributions) 470,199. 42,556. 411,407. 16,236. Other employee benefits 9 527,437. 433,998. 63,347. 30,092. 10 Payroll taxes 11 Fees for services (nonemployees): 57,150. 26,193. 2,936. 28,021. Management 2,549. 2,549. Legal 30,690. 1,948. 35,446. 2,808. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 302,453. 273,054. 3,932. 25,467. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 534,731. 487,745. 16,715. 30,271. Office expenses 13 55,342. 31,624. 6,403. 17,315. Information technology 14 Royalties 15 397,026. 47,405. 321,066. 28,555. 16 Occupancy 118,437. 113,649. 3,856. 932. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 27,044. 19,439. 3,248. 4,357. Conferences, conventions, and meetings 19 3,304. 382. 3,887. 201. 20 Payments to affiliates 21 190,430. 171,788. 14,339. 4,303. Depreciation, depletion, and amortization 22 42,521. 17,114. 24,700. 707. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 181,883. 112,829. 62,908. 6,146. IN-KIND PROGRAM & OPERA MEMBERSHIP DUES 18,137. 13,404. 3,934. 799. С d 8,877. 47,875. 31,179. 7,819. All other expenses 10,175,598. 8,452,585. 1,102,583. 620,430. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|----------|--|------------|-----------------------|---------------------------------|------------|---|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,881,070. | 1 | 2,723,908. |
| | 2 | Savings and temporary cash investments | | 244,172. | 2 | 559,983. | |
| | 3 | Pledges and grants receivable, net | 369,793. | 3 | 303,156. | | |
| | 4 | Accounts receivable, net | 666,099. | 4 | 1,094,131. | | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | se perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | d in sec | tion 4958(c)(3)(B) L | | 6 | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 131,865. | 9 | 155,195. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 5,137,474. | | | |
| | b | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 3,466,516. | 1,644,938. | 10c | 1,670,958. | |
| | 11 | Investments - publicly traded securities | | 2,685,857. | 11 | 2,831,218. | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | 0 (52 556 | 14 | 0 504 650 | | |
| | 15 | Other assets. See Part IV, line 11 | | 2,653,576. | 15 | 2,594,652. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 10,277,370. | 16 | 11,933,201. |
| | 17 | Accounts payable and accrued expenses | 811,163. | 17 | 962,361. | | |
| | 18 | Grants payable | 05 057 | 18 | 02 01 5 | | |
| | 19 | Deferred revenue | | | 95,957. | 19 | 83,815. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| ies | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | 00 | |
| Lia | 22 | controlled entity or family member of any of thes Secured mortgages and notes payable to unrela | | | | 22 | |
| | 23 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | 24 | |
| | 23 | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | , | · | 14,679. | 25 | 1,213,307. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 921,799. | 26 | 2,259,483. |
| | | Organizations that follow FASB ASC 958, che | ck her | e X | | | , |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 6,225,251. | 27 | 6,531,918. |
| Bai | 28 | | | | 3,130,320. | 28 | 3,141,800. |
| pu | | Organizations that do not follow FASB ASC 9 | | | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| , o | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or ed | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 9,355,571. | 32 | 9,673,718. |
| _ | 33 | | | | 10,277,370. | 33 | 11,933,201. |
| | | | | | | | Form 990 (2019) |

| Pa | rt XI Reconciliation of Net Assets | | | | • | | | |
|----|---|---------|-----|------|-----|------------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10 | , 52 | 5,4 | 60. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10 | , 17 | 5,5 | 98. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 9,8 | 62. 71. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 2 | 4,7 | 29. | | |
| 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 on Schedule O) | 9 | | -5 | 6,4 | 44. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) | | | | | 18. | | |
| Pa | 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 | | I | | | | | |
| | 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 | - 1 | | | | | |
| | separate basis, consolidated basis, or both: | | - 1 | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | - 1 | | | | | |
| | consolidated basis, or both: | | - 1 | | | | | |
| | 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 on Sche | edule C |). | | | | | |
| 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 Au | dit | | | | | |
| | Act and OMB Circular A-133? | | | За | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | dit | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HEPHZIBAH CHILDREN'S ASSOCIATION

Employer identification number 36-2167096

| Pa | rt I | Reason for Public (| Charity Status (| All organizations must co | mplete th | is part.) Se | ee instructions. | | | | | | |
|------|---------------|---|-------------------------|---|-------------------------------------|--------------|--|----------------------------|--|--|--|--|--|
| Γhe | organ | ization is not a private found | ation because it is: (F | or lines 1 through 12, cl | neck only | one box.) | | | | | | | |
| 1 | | A church, convention of chi | | | | | I)(A)(i). | | | | | | |
| 2 | | A school described in sect i | • | | | | <i>,</i> , , , , , , , , , , , , , , , , , , | | | | | | |
| 3 | 一 | A hospital or a cooperative | | · · | | | i). | | | | | | |
| 4 | Ħ | A medical research organiza | • | | | | - | the hospital's name. | | | | | |
| | | city, and state: | | , | | | | ,,, | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental unit describe | ad in | | | | | |
| J | ш | section 170(b)(1)(A)(iv). (C | | lege of affiverally owned | ог орогас | ca by a go | verninental and desemble | 5 4 III | | | | | |
| 6 | | A federal, state, or local gov | | antal unit described in | aastian 17 | 70/6//4// 4. | 6.4 | | | | | | |
| 6 | X | , , | · · | | | | • • | aublia dagaribad in | | | | | |
| ′ | _2_ | 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.) | | | | | | | | | | | |
| _ | | | | dVAV-1) (Olata Davi | | | | | | | | | |
| 8 | H | A community trust describe | | | • | | | | | | | | |
| 9 | | An agricultural research org | | | | - | - | • | | | | | |
| | | or university or a non-land-g | grant college of agricu | ulture (see instructions). | Enter the i | name, city | , and state of the college | eor | | | | | |
| | | university: | | | | | | | | | | | |
| 10 | Ш | An organization that norma | | | | | | | | | | | |
| | | activities related to its exem | - | | | | | - | | | | | |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | ses acquii | red by the organization a | after June 30, 1975. | | | | | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | | | | |
| 11 | \sqsubseteq | An organization organized a | and operated exclusi | vely to test for public sat | ety. See | section 50 | 09(a)(4). | | | | | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform tl | he functior | ns of, or to carry out the | purposes of one or | | | | | |
| | | more publicly supported org | ganizations described | d in section 509(a)(1) o | r 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 com | plete lines | 12e, 12f, and 12g. | | | | | | |
| а | | | anization operated, su | upervised, or controlled | by its supp | orted orga | anization(s), typically by | giving | | | | | |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority o | of the direc | tors or trustees of the su | upporting | | | | | |
| | | organization. You must o | complete Part IV, Se | ctions A and B. | | | | | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | ed organization(s), by have | /ing | | | | | |
| | | control or management o | f the supporting orga | nization vested in the sa | ame perso | ns that co | ntrol or manage the supp | ported | | | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functionally integrate | ed with, | | | | | |
| | | its supported organization | n(s) (see instructions) | . You must complete F | Part IV, Se | ctions A, | D, and E. | | | | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in cor | nnection w | rith its supported organiz | zation(s) | | | | | |
| | | that is not functionally int | egrated. The organiz | ation generally must sati | sfy a distr | ibution rec | uirement and an attentiv | veness | | | | | |
| | | requirement (see instructi | ions). You must con | plete Part IV, Sections | A and D, | and Part | V. | | | | | | |
| е | | Check this box if the orga | anization received a v | vritten determination from | m the IRS | that it is a | Type I, Type II, Type III | | | | | | |
| | | functionally integrated, or | Type III non-function | nally integrated supportir | ng organiz | ation. | | | | | | | |
| f | Ente | er the number of supported o | organizations | | | | | | | | | | |
| g | | ride the following information | | <u> </u> | | | | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | ng document? | (v) Amount of monetary | (vi) Amount of other | | | | | |
| | | organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | | | | | |
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | ction A. Public Support | | | | | | |
|------|---|---------------------|---|---------------------|----------|-------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 7149704. | 7955318. | 8335825. | 8813896. | 9134768. | 41389511. |
| 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 | 7149704. | 7955318. | 8335825. | 8813896. | 9134768. | 41389511. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 41389511. |
| | etion B. Total Support | | | | | | 1110030111 |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | 7149704. | 7955318. | 8335825. | 8813896. | 9134768 | 41389511. |
| | Gross income from interest, | , 113, 010 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 00000201 | 0020000 | 32327000 | |
| Ü | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 47,964. | 61,075. | 63,661. | 72,983. | 69 236 | 314,919. |
| ۵ | Net income from unrelated business | 41,5046 | 01,075 | 03,001. | 72,303. | 05,250. | 314,313. |
| 9 | | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | 91. | 99. | 30. | 137,300. | 720 | 138,240. |
| | assets (Explain in Part VI.) | 91. | 33. | 30. | 137,300. | 720. | 41842670. |
| | Total support. Add lines 7 through 10 | -1- (| > | | | 12 7 | 7,806,208. |
| | Gross receipts from related activities, | • | , | J. C | | | ,000,200. |
| 13 | First five years. If the Form 990 is for | - | | | • | | . — |
| Sec | organization, check this box and stop ction C. Computation of Publi | c Support Per | centage | | | | P |
| | | | | aluman (f)) | | 44 | 98.92 % |
| | Public support percentage for 2019 (li | | | | | 15 | 98.92 % |
| | Public support percentage from 2018 | | | | | | ,- |
| 108 | 33 1/3% support test - 2019. If the content have The expenientian qualifies | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| I. | 33 1/3% support test - 2018. If the c | • | | • | | • | |
| 47- | and stop here. The organization qual | | | | | | |
| 1/8 | 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 th | | · | | • | | e |
| | organization meets the "facts-and-circ | | | • | , | | |
| 18 | Private foundation. If the organization | n did not check a l | oox on line 13, 16a | a, 16b, 17a, or 17b | | | |
| | | | | | Sche | edule A (Form 990 | or 990-EZ) 2019 |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|-------------------------|-----------------------|------------------------|----------------------|---------------------|--------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services 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 | | | | | 1 | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | _ | T - | T - | Τ. | T - | |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 Amounts from line 6 | | | | | | <u> </u> |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in line 10b, whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 14 First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth to | ax year as a section | n 501(c)(3) organiz | zation, |
| check this box and stop here | | | ······ | | | > |
| Section C. Computation of Public | c Support Per | centage | | | | |
| 15 Public support percentage for 2019 (li | ne 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2018 | | | | | 16 | % |
| Section D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 Investment income percentage for 20 | 19 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | 2018 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2019. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 1 | 17 is not |
| more than 33 1/3%, check this box an | | | | | | |
| b 33 1/3% support tests - 2018. If the | | | | | | |
| line 18 is not more than 33 1/3%, chec | | | | | | ▶∐ |
| 20 Private foundation If the organization | n did not check a | hoy on line 1/ 10 | a or 10h check th | nie hay and sea inc | tructions | |

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 |
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| 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C | Pal | Supporting Organizations (Continued) | | | |
|--|-----|--|------------------|-----|----|
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b | | | | Yes | No |
| below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organization or trustees of each of the organization and provided during the supported organization or trustees of each of the organization and provided organization or trustees described in the supported organization or the supported organization or the supported organization or the suppo | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations 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 organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided? 2 Were any of the organization or the source of the supported organiz | а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
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| activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | • • | | | 1 |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | 2b | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3 | • | | | |
| trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | - | | За | | |
| | h | | | | |
| | - | | 3b | | |

| Pai | Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orga | nizations | |
|------|--|------------|-------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust or | n Nov. 20, 1970 (explain in F | Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| _3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| 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): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5_ | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6_ | Multiply line 5 by .035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integra | ted Type III supporting orga | ınization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Pai | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations _(continued) | |
|-------|--|--------------------------------|--|---|
| Sect | ion D - Distributions | | • | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exc | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of supported organizations | 8 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| _ | | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: | | | | | |
| MISCELLANEOUS INCOME | | | | | |
| 2015 AMOUNT: \$ 91. | | | | | |
| 2016 AMOUNT: \$ 99. | | | | | |
| 2017 AMOUNT: \$ 30. | | | | | |
| 2018 AMOUNT: \$ 137,300. | | | | | |
| 2019 AMOUNT: \$ 720. | | | | | |
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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

HEPHZIBAH CHILDREN'S ASSOCIATION

Employer identification number 36-2167096

| Par | t I Organizations Maintaining Donor Advised | d Funds or Other | 'Si | milar Funds o | r Acc | coun | ts. Complete if the |
|-----|---|--------------------------|-------|---------------------|-----------|---------------|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | | | | | |
| | | (a) Donor adv | ised | funds | (b |) Fund | ds 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 $\boldsymbol{\nu}$ | vriting that the assets | held | d in donor advised | d funds | 3 | |
| | are the organization's property, subject to the organization's e | | | | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | dvisors in writing that | grar | nt funds can be us | sed on | ly | |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for | any | other purpose co | onferrin | ng | |
| Б. | impermissible private benefit? | | | | | | Yes No |
| Par | | | | on Form 990, Pa | art IV, I | ine 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | - | y). | | | | |
| | Preservation of land for public use (for example, recreat | tion or education) | _ | | | - | important land area |
| | Protection of natural habitat | L | | Preservation of a | certifi | ed his | toric structure |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ied conservation cont | ribut | tion in the form of | a con | | • |
| | day of the tax year. | | | | - 1 | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | | ├ | 2a | |
| b | | | | | | 2b | |
| С | Number of conservation easements on a certified historic stru | | | | | 2c | |
| d | Number of conservation easements included in (c) acquired a | | | | • | | |
| _ | listed in the National Register | | | | L | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, o | or te | rminated by the o | rganız | ation (| during the tax |
| _ | year > | | | | | | |
| 4 | Number of states where property subject to conservation eas | | | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | | |
| • | violations, and enforcement of the conservation easements it | | | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, l | nandling of violations, | , and | enforcing conse | rvation | ease | ments during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violetions, and | onfo | roing concentation | n 000 | mont | a during the year |
| 7 | S | iling of violations, and | emic | ording conservation | ni ease | emem | s during the year |
| 8 | Does each conservation easement reported on line 2(d) above | a catisfy the requirem | onto | of section 170(h) | (4)(D)(i) | | |
| Ü | | | | | | | Yes No |
| 9 | and section 170(h)(4)(B)(ii)? | | | | | | |
| 3 | | | | | | | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | | | | | | |
| Par | t III Organizations Maintaining Collections of | Art, Historical T | rea | sures, or Oth | er Si | milar | Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | - | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | ever | nue statement and | d balar | nce sh | eet works |
| | of art, historical treasures, or other similar assets held for pub | • | | | | | |
| | service, provide in Part XIII the text of the footnote to its finan | ŕ | | | | • | |
| b | If the organization elected, as permitted under FASB ASC 956 | | | | | sheet | works of |
| | art, historical treasures, or other similar assets held for public | | | | | | |
| | provide the following amounts relating to these items: | , | , | | | • | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | ▶ 5 | . |
| | | | | | | | <u> </u> |
| 2 | If the organization received or held works of art, historical trea | | | | | rovide | |
| | the following amounts required to be reported under FASB A | | | | , , , , , | | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | | | | > 5 | . |
| | Assets included in Form 990, Part X | | | | | > 9 | |

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Schedule D (Form 990) 2019

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

| | t III Organizations Maintaining Co | ollections of Ar | | | | r Other | Similar A | | (+ | Page Z |
|-------|--|------------------------|--------------|---------------|-----------------------|--------------|----------------------|-------------|---------------|--|
| _ | | | | | | | | | (continue | <u>ea) </u> |
| 3 | Using the organization's acquisition, accession | on, and other record | s, cneck | any of the | rollowing that | make sig | nificant use | OTITS | | |
| | collection items (check all that apply): | | . — | | | | | | | |
| a | Public exhibition | c | | | hange progra | | | | | |
| b | Scholarly research | e | • 🗀 | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | in Part | XIII. | |
| 5 | During the year, did the organization solicit or | | | | | | | | 7 | |
| Б. | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No |
| Pai | t IV Escrow and Custodial Arrang | | ete if the | organizatio | n answered | "Yes" on F | Form 990, P | art IV, I | ine 9, or | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | | | | 7 | |
| | on Form 990, Part X? | | | | | | | L | Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fol | llowing t | able: | | | | | | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | | | | | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for 6 | escrow or cu | ustodial acco | unt liabilit | y? | L | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds. Complete in | f the organization an | swered | "Yes" on Fo | orm 990, Part | IV, line 10 |). | | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back (| d) Three year | s back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | | e (line 1d | ı. column (a |)) held as: | | | | | |
| а | Board designated or quasi-endowment | , | % | ,, (| ,, | | | | | |
| b | Permanent endowment | % | — /° | | | | | | | |
| | | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c shou | · - | | | | | | | | |
| 32 | Are there endowment funds not in the posses | • | ation that | t are held ar | nd administer | ed for the | organizatio | ın | | |
| Ou | by: | 331011 Of the organize | ation tha | are neid ai | ia aariiiiistoi | ca for the | organizatio | '11 | [v | es No |
| | - | | | | | | | | 3a(i) | 03 110 |
| | | | | | | | | | 3a(ii) | - |
| h | (ii) Related organizations | tions listed as requir | od on S | shadula D2 | | | | | 3b | - |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | SD | |
| Par | t VI Land, Buildings, and Equipme | | willent i | unus. | | | | | | |
| 1 311 | Complete if the organization answered | |) Part IV | line 11a S | See Form 990 | Part X Ii | ne 10 | | | |
| | Description of property | (a) Cost or o | | | or other | | cumulated | | (d) Book v | value. |
| | Description of property | basis (investr | | ` ' | (other) | | reciation | | (u) book (| /aiu c |
| | Lond | <u> </u> | 110111 | | 0,000. | цор | roolation | | 60 | ,000. |
| | Land | | | | 6,486. | 1 Ω | 44,229 | , | 1,322 | |
| D | Buildings | | | | 6,985. | | 13,575 | | | , 410. |
| | Leasehold improvements | | | | $\frac{0,985}{2,205}$ | | 49,389 | | | ,410. ,816. |
| | Equipment | | | | 1,798. | | 59,369 | | | , <u>616.</u> , 475. |
| | Other | | | | | | | | 1,670 | |
| ıota | . Add lines 1a through 1e. (Column (d) must ed | aual Form 990. Part | X. colum | n (B). line 1 | Oc.) | | | > | 1,0/ 0 | , , , , , , , , , , |

Schedule D (Form 990) 2019

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end of year market value (d) Costal peld equity interests (e) (including name of security) (f) (including name of security) (g) (including name of se |
|--|
| (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (G) (H) Total, (Col. (t)) must equal Form 990, Part X, col. (B) line 12.) Part VIIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part N, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) BENEFICIAL INTEREST IN REMAINDER TRUST (a) Description (b) Book value (c) BeneFicial INTEREST IN HEPHZIBAH CHILDREN'S TRUST (b) Book value (c) BeneFicial INTEREST IN HEPHZIBAH CHILDREN'S TRUST (b) Book value (c) BeneFicial INTEREST IN HEPHZIBAH CHILDREN'S TRUST (b) Book value (c) BeneFicial INTEREST IN HEPHZIBAH CHILDREN'S TRUST (b) Book value (c) BeneFicial INTEREST IN HEPHZIBAH CHILDREN'S TRUST (d) Description (e) General Remains Remain |
| (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (Jober 1) (A) (B) (C) (D) (E) (F) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H |
| (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Col., (b) must equal Form 990, Part X, col., (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total. (Col., (b) must equal Form 990, Part X, col., (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) BENEFICIAL INTEREST IN REMAINDER TRUST (a) Description (b) Book value (c) BENEFICIAL INTEREST IN HEPHZIBAH CHILDREN'S TRUST (d) OTHER ASSETS (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g |
| (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Col., (b) must equal Form 990, Part X, col., (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total. (Col., (b) must equal Form 990, Part X, col., (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) BENEFICIAL INTEREST IN REMAINDER TRUST (a) Description (b) Book value (c) BENEFICIAL INTEREST IN HEPHZIBAH CHILDREN'S TRUST (d) OTHER ASSETS (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g |
| (B) (C) (D) (E) (F) (G) (E) (F) (G) (G) (H) (Total, Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. |
| (C) (D) (E) (E) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H |
| (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) BENEFICIAL INTEREST IN REMAINDER TRUST (2) BENEFICIAL INTEREST IN REMAINDER TRUST (2) BENEFICIAL INTEREST IN HEPHZIBAH CHILDREN'S TRUST (3) OTHER ASSETS (4) (6) (7) (8) (9) (9) |
| (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Beneficial Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN REMAINDER TRUST (a) Description (b) Book value (c) BENEFICIAL INTEREST IN HEPHZIBAH CHILDREN'S TRUST (a) OTHER ASSETS (b) GO THER ASSETS (c) GO THER ASSETS (d) GO THER ASSETS (e) GO THER ASSETS (f) GO THER ASSETS (g) GO THER A |
| (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Beneficial Interest IN REMAINDER TRUST 261, 705. (2) BENEFICIAL INTEREST IN HEPHZIBAH CHILDREN'S TRUST 2, 332, 247. (3) OTHER ASSETS 700. (4) (5) (6) (7) (8) (9) |
| (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. |
| (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (10) |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part Viii Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) |
| Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) BENEFICIAL INTEREST IN REMAINDER TRUST (2) BENEFICIAL INTEREST IN HEPHZIBAH CHILDREN'S TRUST (3) OTHER ASSETS (4) (5) (6) (6) (7) (8) (9) (9) |
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| (2) BENEFICIAL INTEREST IN HEPHZIBAH CHILDREN'S TRUST (3) OTHER ASSETS (4) (5) (6) (7) (8) (9) |
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| (5) (6) (7) (8) (9) |
| (6) (7) (8) (9) |
| (7) (8) (9) |
| (8) (9) |
| (9) |
| |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) 2,594,652. |
| Part X Other Liabilities. |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. |
| 1. (a) Description of liability (b) Book value |
| (1) Federal income taxes |
| (2) OBLIGATIONS UNDER CAPITAL LEASE 48,917. |
| (3) PAYCHECK PROTECTION PROGRAM LOAN 1,164,390. |
| (4) |
| (5) |
| (6) |
| |
| (8) |
| (9) |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn |
|---------|---|-------|

| Pai | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. | | | | | | |
|-------|---|-------------------|----------------|----------|---------------------|--|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 10,637,198. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 24,729. | | | | |
| b | Donated services and use of facilities | 2b | | | | | |
| С | Recoveries of prior year grants | 2c | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 87,009. | | | | |
| е | Add lines 2a through 2d | | | 2e | 111,738. | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 10,525,460. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | |
| С | Add lines 4a and 4b | | | 4c | 0. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) | | <u> </u> | 5 | 10,525,460. | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial State | ements With | Expenses per F | Retur | n. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 10,319,051. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | |
| а | Donated services and use of facilities | 2a | | | | | |
| b | Prior year adjustments | 2b | | | | | |
| С | Other losses | 2c | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 143,453. | | | | |
| е | Add lines 2a through 2d | | | 2e | 143,453. | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 10,175,598. | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | |
| С | Add lines 4a and 4b | | | 4c | 0. | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 10,175,598. | | |
| | t XIII Supplemental Information. | | | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F | | | ; Part ? | X, line 2; Part XI, | | |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a | additional inform | ation. | | | | |
| | | | | | | | |
| D = - | NEW TAND | | | | | | |
| PAL | RT X, LINE 2: | | | | | | |

THE ASSOCIATION IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THERE WERE NO TAXES OWED FOR THE YEAR ENDED JUNE 30, 2020.

THE ASSOCIATION FILES FORMS 990 IN THE U.S. FEDERAL JURISDICTION AND ONE STATE. THERE ARE NO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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Employer identification number

| HEPHZIB. | AH CHILDREN'S ASSOC | CIA | 101 ¹ | 1 | 36-2167 | 096 | | | | |
|--|--|--|------------------|--|----------------------|--|--|-----------------------------------|--|---|
| Part I Fundraising Activities. required to complete this part | Complete if the organization answet. | red "Y | es" or | ı Form 990, Part IV, I | ine 17. Form 990-EZ | filers are not | | | | |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iii) Did fundraiser have custody or control of contributions? | | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | | | | |
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| S List all states in which the organizatio or licensing. | n is registered or licensed to solicit c | | utions | or has been notified | it is exempt from re | gistration | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 HEPHZIBAH CHILDREN'S ASSOCIATION 36-2167096 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events HEART OF (add col. (a) through R&R EVENT GOLD BALL 10 col. (c)) (event type) (event type) (total number) 33,457 321,721. 98,810. 453,988. 1 Gross receipts 29,457 247,674. 81,869. 2 Less: Contributions 359,000. 4,000. 16,941. 94,988. **3** Gross income (line 1 minus line 2) 74,047. 4 Cash prizes 5 Noncash prizes Direct Expenses 750. 9,500. 3,500. 13,750. 6 Rent/facility costs 3,250. 60,372. 70,122. 6,500. 7 Food and beverages 4,175. 4,175. 8 Entertainment 55,406. 417. 40,564. 13,425. Other direct expenses 143,453. 10 Direct expense summary. Add lines 4 through 9 in column (d) -48,465. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

| Sch | edule G (Form 990 or 990-EZ) 2019 HEPHZIBAH CHILDREN'S ASSOCIATION 36-2 | 2167096 | Page 3 |
|-----|---|--------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | No |
| 12 | Indicate the percentage of gaming activity conducted in: | | |
| | | ا ءمد ا | 0/ |
| | ı The organization's facility | 13a | <u>%</u> |
| | An outside facility | 13b | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | |
| | of gaming revenue retained by the third party > \$ | | |
| | s If "Yes," enter name and address of the third party: | | |
| | Too, onto hame and address of the time party. | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | | | |
| | Gaming manager compensation > \$ | | |
| | Description of services provided | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| _ | retain the state gaming license? | Yes | ☐ No |
| | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | | | |
| Da | organization's own exempt activities during the tax year \(\bigsim \)\$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | | 0h 10h |
| 1 6 | | rt III, lines 9, s | 96, 106, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| Schedule G | (Form 990 or 990-EZ) | HEPHZIBAH | CHILDREN'S | ASSOCIATION | 36-2167096 | Page 4 |
|------------|--|--------------------|------------|-------------|------------|--------|
| Part IV | (Form 990 or 990-EZ) Supplemental Infor | mation (continued) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| | HEPHZIBAH | CHILDREN | 'S ASSOCIAT | ION | | | | 36-2167096 |
|--------------|--|----------------------|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|------------------------------------|
| Part I | General Information on Grants a | nd Assistance | | | | | | |
| 1 Doe | es the organization maintain records t | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selectio | |
| crit | teria used to award the grants or assis | stance? | | | | | | Yes X No |
| 2 Des | scribe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the United | d States. | | | |
| Part II | Grants and Other Assistance to | Domestic Organiz | ations and Domestic | Governments. | Complete if the org | anization answered "Y | es" on Form 990, Part l | V, line 21, for any |
| | recipient that received more than | \$5,000. Part II can | be duplicated if additi | onal space is need | ed. | | | |
| 1 (a) | Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 2 Ent | ter total number of section 501(c)(3) a | nd government or | l ranizations listed in the | l e line 1 tahle | l | <u> </u> | | |
| | ter total number of other organizations | - | | | | | | |
| | or Paperwork Reduction Act Notice | | | | | | | Schedule I (Form 990) (2019) |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| | | | | | |
| FOSTER CARE / RESPITE CARE / PARENT TRAINING | 176 | 629,002. | 0. | | |
| PROGRAM ACTIVITY FEES - INCLUDES FIELD TRIPS, | | | | | |
| CAMPS, WORKSHOPS, TALENT SHOWS, MENTORING | | | | | |
| ACTIVITIES, HOLIDAY PARTIES, ETC. ALL OF OUR | | | | | |
| CLIENTS PARTICIPATE IN AT LEAST ONE OF THESE | 1073 | 125,355. | 0. | | |
| | | | | | |
| CHILDREN ALLOWANCE AS PART OF THE PER DIEM | | | | | |
| RECEIVED UNDER OUR GOVERNMENT CONTRACT (\$5 PER | | | | | |
| WEEK, PER CHILD IN OUR GROUP HOME) | 35 | 6,110. | 0. | | |
| | | | | | |
| | | | | | |
| CLOTHING FOR GROUP HOME CHILDREN | 35 | 8,897. | 0. | | |
| PROVIDING RENT, UTILITIES, CLOTHING, FOOD, | | | | | |
| EDUCATIONAL EXPENSES, ETC FOR CLIENTS. THIS | | | | | |
| SPECIFIC ASSISTANCE TO CLIENTS MEETS A NEED THAT | | | | | |
| THEY CANNOT. THE MAJORITY OF HEPHZIBAH'S CLIENTS | 285 | 50,510. | 0. | | |

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

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: PROGRAM ACTIVITY FEES - INCLUDES FIELD

TRIPS, CAMPS, WORKSHOPS, TALENT SHOWS, MENTORING ACTIVITIES, HOLIDAY

PARTIES, ETC. ALL OF OUR CLIENTS PARTICIPATE IN AT LEAST ONE OF THESE

ACTIVITIES

(A) TYPE OF GRANT OR ASSISTANCE: PROVIDING RENT, UTILITIES, CLOTHING,

FOOD, EDUCATIONAL EXPENSES, ETC FOR CLIENTS. THIS SPECIFIC ASSISTANCE TO

CLIENTS MEETS A NEED THAT THEY CANNOT. THE MAJORITY OF HEPHZIBAH'S

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

HEPHZIBAH CHILDREN'S ASSOCIATION

Employer identification number 36-2167096

| | | | Yes | No |
|------------|--|-----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | 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) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | l a | | l |

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

Schedule J (Form 990) 2019

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------------|-------------|--|-------------------------------------|-------------------------------------|-----------------------------|----------------|----------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| (1) MERRY BETH SHEETS | (i) | 178,410. | 0. | 0. | 12,505. | 6,814. | 197,729. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) (i) | | | | | | | |
| | (ii) | | | | | | | |
| - | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | <u> </u> | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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.

Inspection Employer identification number

| | HEPHZIBAH CH | ILDREN | 'S ASSOCIA | NOITA | 36-2 | 1670 | 96 | |
|-----|--|-------------------------------|---|---|---|------|-----|-----|
| Pa | rt I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | • | s |
| 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 (VARIOUS PROGR) | X | 376 | 103.254. | FAIR MARKET | VAT | JJE | |
| 26 | Other (FUNDRAISING E) | X | 169 | 62,908. | FAIR MARKET | VAT | UE | |
| 27 | Other (OPERATING SUP) | X | 98 | 15 721. | FAIR MARKET | VAT | JJE | |
| 28 | Other (<u>97 27 27 27)</u> | | , , | 23,7221 | | | | |
| 29 | Number of Forms 8283 received by the organiz | ration during | the tax vear for c | ontributions | | | | |
| | for which the organization completed Form 828 | | | | | | 0 | |
| | To which the organization completed from oze | 50,1 41111, 1 | sonice / tollinowicag | Joinent | | | 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 | | 100 | 110 |
| - | must hold for at least three years from the date | | | | | | | |
| | exempt purposes for the entire holding period? | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | Ju | | |
| 31 | Does the organization have a gift acceptance p | olicy that re | equires the review of | of any nonstandard contribut | ions? | 31 | | Х |
| | Does the organization hire or use third parties of | - | * | • | | - | | |
| JEU | | | | | | 32a | | х |
| h | If "Yes," describe in Part II. | | | | | OZ.a | | |
| 33 | If the organization didn't report an amount in co | olumn (c) for | r a type of property | for which column (a) is chec | ked | | | |
| 55 | describe in Part II. | o.a.i.i. (0 <i>)</i> 101 | a type of property | 13. Willott Soldifilit (a) is offec | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HEPHZIBAH CHILDREN'S ASSOCIATION

Employer identification number 36-2167096

| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
|---|
| PLACED THROUGHOUT THE COOK COUNTY AREA AS WELL AS IN DUPAGE COUNTY. |
| HEPHZIBAH SERVED A TOTAL OF 104 CHILDREN IN FY20. |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: |
| DAY CARE |
| EXPENSES \$ 1,419,860. INCLUDING GRANTS OF \$ 25,879. REVENUE \$ 1,336,818 |
| FAMILY INTACT SERVICES |
| EXPENSES \$ 776,860. INCLUDING GRANTS OF \$ 32,931. REVENUE \$ 0. |
| COMMUNITY SUPPORT |
| EXPENSES \$ 868. INCLUDING GRANTS OF \$ 788. REVENUE \$ 0. |
| HEAD START |
| EXPENSES \$ 454,584. INCLUDING GRANTS OF \$ 4,677. REVENUE \$ 0. |
| OTHER PROGRAMS IN SUPPORT OF CHILDREN AND FAMILIES |
| EXPENSES \$ 96,275. INCLUDING GRANTS OF \$ 17,650. REVENUE \$ 0. |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD AND THE |
| FINANCE DIRECTOR OF THE ORGANIZATION, THE MEMBERS OF THE AUDIT COMMITTEE |
| INCLUDE A MINIMUM OF THREE BOARD MEMBERS OTHER THAN THOSE OF THE FINANCE |
| COMMITTEE. THE REVIEW WILL BE DONE PRIOR TO THE FILING OF THE RETURN WITH |
| THE IRS. THE REVIEW IS A THOROUGH REVIEW OF EACH PAGE OF THE RETURN HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) |

932211 09-06-19

Name of the organization

HEPHZIBAH CHILDREN'S ASSOCIATION

1NCLUDING SUPPORTING SCHEDULES BY THE FINANCE DIRECTOR. AUDIT COMMITTEE

MEMBERS WILL HAVE THE OPPORTUNITY TO REVIEW AND RECEIVE ANSWERS TO ANY

OUESTIONS THEY HAVE PRIOR TO FILING WITH THE IRS. THE FULL BOARD OF THE

ASSOCIATION RECEIVES COPIES OF THE RETURN PRIOR TO FILING WITH THE IRS.

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

ANY MEMBER OF THE BOARD OF DIRECTORS OR KEY EMPLOYEE WHO MAY BE INVOLVED IN AN AGENCY BUSINESS TRANSACTION IN WHICH THERE MAY BE A POSSIBLE CONFLICT OF INTEREST SHALL IMMEDIATELY NOTIFY THE PRESIDENT OF THE BOARD (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN THE VICE PRESIDENT OF THE BOARD). EACH BOARD MEMBER SHALL REVIEW THIS POLICY AND SIGN A COPY AT THE BEGINNING OF THEIR TENURE AND THEN ANNUALLY AT THE SEPTEMBER BOARD MEETING. THE PRESIDENT SHALL PROVIDE THE BOARD WITH A REPORT OF ANY CONFLICTS OF INTEREST WITHIN 10 DAYS OF DISCOVERY. THE PRESIDENT OR VICE PRESIDENT OF THE BOARD OF DIRECTORS SHALL DISCLOSE THE POTENTIAL CONFLICT OF INTEREST TO THE OTHER MEMBERS OF THE BOARD AND SUCH DISCLOSURE SHALL BE RECORDED IN THE BOARD MINUTES OF THE MEETING AT WHICH DISCLOSURE IS MADE. TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED - THE CONFLICTING INTEREST IS FULLY DISCLOSED, - THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DECISION AND THE APPROVAL OF SUCH TRANSACTION, - A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND -THE BOARD HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

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

THE BOARD OF DIRECTORS SHALL DETERMINE THE SALARY AND TOTAL COMPENSATION

PROVIDED TO THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS AND, IN DOING SO,

SHALL CONSIDER THE RECOMMENDATION OF THE EVALUATION COMMITTEE AND FINANCE

SHALL CONSIDER THE RECOMMENDATION OF THE EVALUATION COMMITTEE AND FINANCE

Name of the organization

Employer identification number

HEPHZIBAH CHILDREN'S ASSOCIATION 36-2167096 COMMITTEE, DESIGNATED TO ACT AS THE COMPENSATION COMMITTEE/ TOTAL COMPENSATION INCLUDES BASE SALARY AND BENEFITS. THE COMPENSATION COMMITTEE AND THE BOARD SHALL CONSIDER THE FOLLOWING IN DETERIMING EXECUTIVE DIRECTOR COMPENSATION - COMPARABILITY OF COMPENSATION RECEIVED BY EXECUTIVE DIRECTORS OF SIMILAR NON-PROFIT AGENCIES, REVIEWED EVERY TWO YEARS, PERFORMANCE GOALS FOR THE EXECUTIVE DIRECTOR SET BY THE BOARD OVERALL AND FOR ANY PARTICULAR YEAR, - COST-OF-LIVING AND ANY OTHER ACROSS THE BOARD INCREASES GIVEN TO AGENCY STAFF, - THE CAPACITY OF THE AGENCY BUDGET AND EXPECTED REVENUES TO SUPPORT A PARTICULAR COMPENSATION LEVEL. THE COMPENSATION COMMITTEE SHALL PROVIDE ITS RECOMMENDATION OF EXECUTIVE DIRECTOR COMPENSATION TO THE TREASURER IN SUFFICIENT TIME FOR IT TO BE INCLUDED IN THE DEVELOPMENT OF THE ANNUAL BUDGET. IT SHALL ALSO PROVIDE ITS RECOMMENDATION TO THE BOARD PRIOR TO THE MEETING AT WHICH THE ANNUAL BUDGET FOR THE FISCAL YEAR IS APPROVED. PRIOR TO OR DURING THE MEETING AT WHICH THE BUDGET FOR THE FISCAL YEAR IS APPROVED, THE BOARD SHALL MAKE ITS FINAL DETERMINATION OF THE TOTAL COMPENSATION OF THE EXECUTIVE DIRECTOR FOR THAT PARTICULAR FISCAL YEAR BASED ON ALL THE CONSIDERATIONS DESCRIBED IN THIS POLICY. THE EXECUTIVE DIRECTOR SHALL DETERMINE THE SALARY PROVIDED TO THE FINANCE DIRECTOR CONSIDERING THE FOLLOWING - COMPARABILITY OF COMPENSATION RECEIVED BY FINANCE DIRECTORS OF SIMILAR NON-PROFIT AGENCIES, - PERFORMANCE GOALS FOR THE FINANCE DIRECTOR, - COST-OF-LIVING AND ANY OTHER ACROSS THE BOARD INCREASES GIVEN TO AGENCY STAFF, - CAPACITY OF THE AGENCY BUDGET AND EXPECTED REVENUES TO SUPPORT A PARTICULAR COMPENSATION LEVEL. BOARD APPROVAL IS REQUIRED FOR ANY INCREASE IN EXCESS OF 15%

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

| Name of the organization HEPHZIBAH CHILDREN'S ASSOCIATION | Employer identification number 36-2167096 |
|--|---|
| REQUEST, BY MAIL OR EMAIL, OR FOR INSPECTION AT AN OFFICE | OF THE |
| ORGANIZATION. THE DISCLOSURE PERIOD FOR THE DOCUMENTS IS T | HE SAME GIVEN BY |
| SECTION 6104(D). | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST | -3,777. |
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN HEPHZIBAH | |
| CHILDREN'S TRUST | -52,667. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -56,444. |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIG | HT OF THE |
| AUDIT AND SELECTION OF THE AUDITORS. THIS POLICY HAS NOT C | CHANGED FROM |
| THE PREVIOUS YEAR. | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

HEPHZIBAH CHILDREN'S ASSOCIATION

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-2167096

| Part I Identification of Disregarded Entities. Comple | te if the organization answered "Yes" | on Form 990, Part IV, line 3 | 3. | | | | | |
|---|--|---|-------------------------------|--|-------------------------------|------------------|------------------------------------|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | (d) or Total inco | l l | (e) End-of-year assets | | (f) controlling ntity | g |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization | answered "Yes" on Form 990 | 0, Part IV, line 34, t | pecause it had one | or more | related tax-exer | mpt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | | cont | g) 512(b)(13) rolled tity? |
| HEPHZIBAH CHILDREN'S TRUST - 36-3537502 | | | + | 001(0)(0)) | | | Yes | No |
| 946 NORTH BOULEVARD OAK PARK, IL 60301 | PROVIDE FUNDS TO HEPHZIBAH CHILDREN'S ASSOCIATION | ILLINOIS | 501(C)(3) | LINE 12A, I | N/A | | | х |
| | | | | | | | | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| | | . , | | | | | | | | | |
|--|------------------|--------------------------------|---------------------------|--|-----------------------|----------------------|----------|----------------------|--|--------------------|-------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year | | ortionate ations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General managin | Percentage ownership |
| ğ | | foreign | , | excluded from tax under | | assets | — | 20 of Schedul | 20 of Schedule | partner* | <u>'</u> |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | | tion b)(13) rolled tity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|---------------------------------|--------------------------------|-----|-----------------------------------|
| | | country) | | , | | | | Yes | No |
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| Part V | Transactions With Related Organizations. | Complete if the organization answered | "Yes" | ' on Form 990 |), Part IV, I | line 34, | 35b, oı | r 36. |
|--------|--|---------------------------------------|-------|---------------|---------------|----------|---------|-------|
|--------|--|---------------------------------------|-------|---------------|---------------|----------|---------|-------|

| No | ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | | | | |
|---|---|---|------------------------------|--|----|-----|----|--|--|--|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | | | | | |
| а | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X | | | | |
| | b Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X | | | | |
| | c Gift, grant, or capital contribution from related organization(s) | | | | 1c | X | | | | | |
| d | d Loans or loan guarantees to or for related organization(s) | | | | 1d | | X | | | | |
| | e Loans or loan guarantees by related organization(s) | | | | 1e | | X | | | | |
| | | | | | | | | | | | |
| f | f Dividends from related organization(s) | | | | 1f | | X | | | | |
| g | g Sale of assets to related organization(s) | | | | | | | | | | |
| | h Purchase of assets from related organization(s) | | | | 1h | | X | | | | |
| i | i Exchange of assets with related organization(s) | | | | 1i | | X | | | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X | | | | |
| | | | | | | | | | | | |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | | | |
| - 1 | I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | | | |
| | Sharing of paid employees with related organization(s) | | | | 10 | | X | | | | |
| | | | | | | | | | | | |
| р | p Reimbursement paid to related organization(s) for expenses | | | | 1p | | X | | | | |
| | q Reimbursement paid by related organization(s) for expenses | | | | 1q | Х | | | | | |
| | | | | | | | | | | | |
| r | r Other transfer of cash or property to related organization(s) | | | | 1r | | X | | | | |
| | s Other transfer of cash or property from related organization(s) | | | | 1s | | X | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must comple | olete this | s line, including covered re | elationships and transaction thresholds. | | | | | | | |
| | (a) (b) Name of related organization Transaction type (a-s) | (a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount invo | | | | | | | | | |
| 1) | | | | | | | | | | | |
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| 2) | | | | | | | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Dispretion allocat | opor- late tions? | General manage partner | (k) Percentage ownership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
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