# Form **990**

22

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 0

X No

No

130,150.

			Under section 501(c), 527, or 4947(a)(1) of the Internal Reve	nue Code (except	t private foundations)	, ZU19						
Dep	artment	ary 2020) of the Treasury onue Service	<ul> <li>Do not enter social security numbers on this for</li> <li>Go to www.irs.gov/Form990 for instructions</li> </ul>	<ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>								
Α	For the	e 2019 calenc	lar year, or tax year beginning $07/01$ , 2019,	and ending		/30, <b>20</b> 20						
в	Check if a	r	e of organization E CHILDREN'S PLACE ASSOCIATION		D Employer identification number 36-3641017							
	Addre chang		g business as									
	Name	e change Num	ber and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number							
	Initial	return 70	) N. SACRAMENTO BLVD	300	(773) 826-1	230						
	Final termi	return/ City	or town, state or province, country, and ZIP or foreign postal code									
	Amer	ded CH	ICAGO, IL 60612		G Gross receipts \$	6,647,292.						
		cation F Nam	e and address of principal officer: CATHY KRIEGER		H(a) Is this a group retur subordinates?	rn for Yes X No						
			) N. SACRAMENTO BLVD, STE 300, CHICAGO, IL	60612	H(b) Are all subordinates in	icluded? Yes No						
I	Tax-ex	empt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a I	ist. (see instructions)						
J	Websi	te: 🕨 WWW.	CHILDRENS-PLACE.ORG		H(c) Group exemption nu	umber 🕨						
κ	Form	of organization:	X Corporation Trust Association Other	L Year of forma	ation: 1989 M State	of legal domicile: IL						
Ρ	art I	Summar										
	1	Briefly descri	be the organization's mission or most significant activities: $\_{ m TO}$ $\_{ m BUI}$	LLD A SECURE	E AND HOPEFUL	TODAY SO						
e		CHILDREN FACING HEALTH ISSUES AND POVERTY SUCCEED TOMORROW.										
nan												
Governance	2	Check this bo	% of its net assets.									
			oting members of the governing body (Part VI, line 1a)			14.						
s S	4	Number of in	dependent voting members of the governing body (Part VI, line 1b) $\hfill {\tt line}$			14.						
/itie	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)		5	83.						
Activities &	6	Total number	of volunteers (estimate if necessary)		6	130.						
4	7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12		7a	0.						
	b	Net unrelated	business taxable income from Form 990-T, line 39	<u></u>								
					Prior Year	Current Year						
ē	8		and grants (Part VIII, line 1h)		6,665,187.	6,604,553.						
Revenue	9		rice revenue (Part VIII, line 2g)		12,837.	42,739.						
Sev	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.							
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,826.	0.						
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		6,773,850.	6,647,292.						
	13		imilar amounts paid (Part IX, column (A), lines 1-3)		590,172.	522,213.						
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.						

Revenue 0. 10 0. 11 47,292. 12 22,213. 13 14 0. 5,263,564. 3,780,802. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. . . . . . . . . . . . 363,493. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,519,013. 1,685,438. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,889,987. 7,471,215. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -116,137. -823,923. Revenue less expenses. Subtract line 18 from line 12 19 Assets or Balances Beginning of Current Year End of Year 1,812,833. 2,293,923. 20 Total assets (Part X, line 16) . . . Total liabilities (Part X, line 26) 966,871. 2,163,773. 21 Net /

Net assets or fund balances. Subtract line 21 from line 20. Signature Block Part II 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.

<b>.</b> .						05/17	/2021			
Sign		Signature of officer				Date				
Here		CATHY KRIEGER								
		Type or print name and title								
	Prir	nt/Type preparer's name	Preparer's signature	Date		Check	if PTIN			
Paid	BE	RNADETTE D ZITA	self-employed P00089845							
Preparer Use Only	Firr	n's name ▶BKD, LLP	m'sEIN ▶ 44-0160260							
ose only	Firr	n's address ▶1901 S. MEYERS ROAD, SUIT	ne no. 63	30-282	2-9500					
May the	IRS	discuss this return with the preparer	shown above? (see instructions) .				2	Yes		No
For Pape	rwor	k Reduction Act Notice, see the separat	e instructions.					Form <b>99</b>	<b>D</b> (20	)19)

845,962.

_	THE CHILDREN'S PLACE ASSOCIATION 36-3641017	<b>_</b> 0
1	m 990 (2019) art III Statement of Program Service Accomplishments	Page 2
_	Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission: TO BUILD A SECURE AND HOPEFUL TODAY SO CHILDREN FACING HEALTH ISSUES	
	AND POVERTY SUCCEED TOMORROW.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
2	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,229,469. including grants of \$ 10,431. ) (Revenue \$)	)
	THE EARLY CHILDHOOD EDUCATION PROGRAM SERVES UP TO 133 CHILDREN FROM BIRTH TO AGE 5 IN ITS CENTER-BASED AND HOME VISITING	
	COMPONENTS. PRIORITY IS GIVEN TO CHILDREN WITH MEDICAL ISSUES OR	
	DISABILITIES.	
		<u> </u>
4b	(Code:) (Expenses \$1,738,203. including grants of \$508,086. ) (Revenue \$ THE FOSTER CARE PROGRAM ADDRESSES THE NEEDS OF CHILDREN UNABLE TO	)
	RETURN TO THEIR BIRTH FAMILIES AND IN NEED OF A FOSTER OR ADOPTIVE	
	HOME. THE GOAL OF THE FOSTER CARE PROGRAM IS TO SEE THAT EVERY	
	CHILD GROWS UP IN A STABLE AND LOVING FAMILY. TO THAT END, THE	
	STAFF WORK TO REUNITE CHILDREN WITH THEIR BIRTH FAMILIES WHENEVER	
	POSSIBLE, AND ASSIST THEIR FOSTER FAMILIES IN ADOPTING THEM IF	
	PARENTAL RIGHTS ARE TERMINATED. IN OUR FOSTER CARE PROGRAM, 82	
	CHILDREN RECEIVED 26,900 DAYS OF FOSTER CARE AND 7 CHILDREN FOUND	
	A LOVING HOME THROUGH ADOPTION OR REUNIFICATION WITH BIRTH	
	PARENTS.	
40	(Code:) (Expenses \$364,844. including grants of \$2,814. ) (Revenue \$42,739.	)
40	CHILD AND FAMILY SUPPORT SERVICES OFFERS SUPPORTIVE HOUSING	/
	THROUGH 20 APARTMENTS FOR VULNERABLE HOUSEHOLDS, MEDICAL CASE	
	MANAGEMENT FOR UP TO 25 ADULTS, AND FAMILY CASE MANAGEMENT FOR UP	
	TO 57 ADULTS AND CHILDREN.	
4d	Other program services (Describe on Schedule O.) ATTACHMENT 1	
	(Expenses \$ 1,817,895. including grants of \$ 882. ) (Revenue \$ )	
4e	Total program service expenses ► 6,150,411.	
JSA		<b>90</b> (2019)
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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				x
-	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? 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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
5	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10		16		х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	01		- 22
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			х
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	Part VIII, lines 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?			37
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V 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		х	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
Ltu	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?			
	, , ,	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	27		x
28	persons? If "Yes," complete Schedule L, Part III	27		
20	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	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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,"	22		x
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<u> </u>
	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	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 192 Note: All Form 990 filers are required to complete Schedule O	20	х	
Part	<ul> <li>19? Note: All Form 990 filers are required to complete Schedule O.</li> <li>V Statements Regarding Other IRS Filings and Tax Compliance</li> </ul>	38	Δ	Ĺ
Tari	Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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Par	t 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. <b>2a</b>			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Ψu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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 provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration 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 income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form 9	OD (2019)THE CHILDREN'S PLACE ASSOCIATION36-3641	017	F	Page <b>6</b>
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. S			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
Tu	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			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 14			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	Х	
2		-		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	•		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	10		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
-	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	~		x
Saati	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo	<u> </u>	А
Secu	<b>In B. Policies</b> (This Section B requests information about policies not required by the internal Revenue V	Joue	.) Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	104		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	TTa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.04	Х	
	rise to conflicts?	12b	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	424	Х	
	describe 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	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4.5	Х	
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{IL}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CATHY KRIEGER 700 N. SACRAMENTO BLVD., SUITE 300 CHICAGO, IL 60612 312.660.3020	5 <b>&gt;</b>		

JSA 9E1042 2.000

t	Т	υ	Т	/			

Page 7

Part VII	Compensation Independent Co			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule			esponse or n	ote to any line	e in this	s Part VII				
Section A	. Officers, Direc	tors	s, Trustees	s, Key Empl	oyees, and	Highe	est Compensa	ated Empl	oyees		

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

(**a**)

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

(A)         (B)         Peakin         (D)         (E)         (E)<					(0	C)					
house per set (git ary house (git ary house organization organization organization differed and director/uses organization organization differed and director/uses organization organization differed and director/uses organization (W-21099-MISC)consensition ton the organization (W-21099-MISC)consensition ton the organization (W-21099-MISC)consensition ton the organization (W-21099-MISC)consensition ton the organization (W-21099-MISC)consensition ton the organization (W-21099-MISC)consensition ton the organization (W-21099-MISC)consensition ton the organization organization organization (W-21099-MISC)consensition ton the organization (W-21099-MISC)consensition ton the organization organization organization (W-21099-MISC)(1) CATHY KRIEGER CHIEF EXECUTIVE OFFICER 1.0001.000xx1.85, 356.0.8, 343.(2) OINN SWEENEY (Git and the consensity) DEPUTY EXECUTIVE DIRECTOR (Git and the consensity) (Git and the consensity) (Git and the consensity) (Git and the consensity)1.00xx1.25, 022.0.7, 933.(Git and the consensity) (Git and the consensity) (CHAIR (CHOPMENT DIRECTOR (CHOPMENT DIRECTOR (CHOPMENT DIRECTOR)1.000xx0.0.0.(Git and the consensity) (CHIEF COR (CHOPMENT DIRECTOR (CHOPMENT DIRECTOR)1.000xx0.0.0.(Git and the consensity) (CHIEF COR (CHOPMENT DIRECTOR)1.000xx0.0.0.(Git and the consensity) (CHI	(A)	(B)			Pos	sition			(D)	(E)	(F)
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Init any related organizations below dotted line)         Init B below dotted line)         Init B B B B B B B B B B B B B B B B B B B					-						
houster         nouster         nouster <t< td=""><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td></t<>						1					
organizations below doted time         B g g g g g g g g g g g g g g g g g g g			or d	Insti	Offic	Key	High	Fom	-	•	
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(2) JOHN SWEENEY         40.00         x         125,022.         0.         7,933.           (3) SUSANNA REYNA-GUERRERO         40.00         x         123,684.         0.         8,343.           (4) DANIEL DEVER         40.00         x         109,498.         0.         7,933.           (5) BOBBY RYAN         1.00         x         109,498.         0.         7,933.           (6) CHRISTOPHER MURPHY         1.00         x         0.         0.         0.           VICE CHAIR         1.00         x         0.         0.         0.           (7) JOSEPHINE CALDERON         1.00         x         x         0.         0.         0.           (7) JOSEPHINE CALDERON         1.00         x         x         0.         0.         0.         0.           (9) ROBERT BALE         1.00         x         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.         0.         0.           (10) KRISTEN DAIHES         1.00         x         0.         0.         0.         0.         0.         0.         0.         0.	(1) CATHY KRIEGER	40.00									
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(3) SUSANNA REYNA-GUERRERO         40.00         x         123,684.         0.         8,343.           (4) DANIEL DEVER         40.00         x         109,498.         0.         7,933.           (5) BOBBY RYAN         1.00         x         109,498.         0.         7,933.           (6) CHRISTOPHER MURPHY         1.00         x         0.         0.         0.           VICE CHAIR         1.00         x         x         0.         0.         0.           (7) JOSEPHINE CALDERON         1.00         x         x         0.         0.         0.           SECRETARY         1.00         x         x         0.         0.         0.         0.           (9) ROBERT BALE         1.00         x         x         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.           (11) ORNER         1.00         x         0.         0.         0.         0.         0.           DIRECTOR         1.00         x         0.         0.         0.         0.         0.           (11) OHN DURSO         1.00         x         0. </td <td>(2) JOHN SWEENEY</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) JOHN SWEENEY	40.00									
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DEVELOPMENT DIRECTOR         1.00         X         109,498.         0.         7,933.           (5) BOBBY RYAN         1.00         X         X         0.         0.         0.         0.           CHAIR         1.00         X         X         0.         0		1.00					Х		123,684.	0.	8,343.
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(7) JOSEPHINE CALDERON         1.00         x         x         0.         0.         0.           SECRETARY         1.00         x         x         0.         <											
SECRETARY         1.00         X         X         0.         0.         0.           (6) BRENDA ASARE         1.00         X         0.			Х		Х				0.	0.	0.
(8) BRENDA ASARE         1.00         x         0.	(7) JOSEPHINE CALDERON										
DIRECTOR         1.00         X         0.			Х		Х				0.	0.	0.
(9) ROBERT BALE         1.00         X         0.		1.00									
DIRECTOR         1.00         X         0.		1.00	Х						0.	0.	0.
(10) KRISTEN DAIHES       1.00       x       0       0.											
DIRECTOR       1.00       X       0.       0.       0.       0.         (11) JOHN DURSO       1.00       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         (12) BRIAN GREENBLATT (LEFT 8/2019)       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         (13) RICHARD JOUTRAS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.			Х						0.	0.	0.
(11) JOHN DURSO       1.00       1.00       X       0.       0											
DIRECTOR         1.00         X         0.		1.00	Х						0.	0.	0.
(12) BRIAN GREENBLATT (LEFT 8/2019)       1.00       X       0.       0	<u> </u>										
DIRECTOR         1.00         X         0.			Х						0.	0.	0.
(13) RICHARD JOUTRAS         1.00         X         0. </td <td>(12) BRIAN GREENBLATT (LEFT 8/2019)</td> <td></td>	(12) BRIAN GREENBLATT (LEFT 8/2019)										
DIRECTOR         1.00         X         0.		1.00	Х						0.	0.	0.
(14) HAROLD KESSLER, M.D. 1.00	(13) RICHARD JOUTRAS										
			Х						0.	0.	0.
DIRECTOR 1.00 X 0. 0. 0.	<u> </u>										
	DIRECTOR	1.00	Х						0.	0.	0.

JSA

49900W N26K 5/13/2021

Form 990 (2019)

#### THE CHILDREN'S PLACE ASSOCIATION

Form	990	(2019)	
1 01111			

(A) Name and title	(B) (C) Average hours per week (list any hours for			is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n a cor	(F) Estimated mount o other mpensati from the	of ion		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	or a	ganizatio nd relate ganizatio	on d
5) RAYMOND MULLIGAN DIRECTOR	1.00	x						0	. 0			
6) EDWARD OTTO DIRECTOR	1.00	x						0	. 0			
7) KATHLEEN RYAN SELLEW DIRECTOR	1.00	x						0	. 0			
8) MICHAEL SILVERMAN DIRECTOR	1.00	x						0	0			
9) JOHN F. WARD, JR DIRECTOR	1.00	X						0	. 0			
		-										
1b Sub-total c Total from continuation sheets to Part VII, S	Section A	•••		• •	•••			543,560. 0.	0 0		32,	55
<ul> <li>d Total (add lines 1b and 1c)</li></ul>	limited to t	hose	liste				► re	543,560. ceived more than	C \$100,000 of	•	32,	55
reportable compensation from the organization	on 🕨	4	<u> </u>								Yes	Ν
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched	dule J for su	ch ind	ividı	ıal	•••	• • •	••			3		
4 For any individual listed on line 1a, is the organization and related organizations gradient induced	reater than	\$15	0,00	00?	lf	"Yes	," (	complete Schedu	le J for such		X	
<ul> <li><i>individual</i></li> <li>Did any person listed on line 1a receive of for services rendered to the organization? If "</li> </ul>	r accrue co	mpen	satio	on f	from	n any	uni	related organization	on or individual	4		
Section B. Independent Contractors										_		
<ol> <li>Complete this table for your five highest cor compensation from the organization. Report year.</li> </ol>											(	
(A) Name and business ac	ldress							<b>(B)</b> Description of se	ervices	<b>(C</b> Comper		
ATTACHMENT 2												
2 Total number of independent contractors ( more than \$100,000 in compensation from the second secon				iteo		thos 2	e li	isted above) who	received			

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	/		
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ς Ω (Υ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ອີຣິ		Fundraising events					
,ts,	ک ام	•					
il ar	d	° –	5 051 050				
i,s	e	Government grants (contributions) . 1e	5,251,079.				
'S S	f	All other contributions, gifts, grants,					
hel		and similar amounts not included above . 1f	1,353,474.				
ĞĘ	g	Noncash contributions included in					
non		lines 1a-1f					
<u> </u>	h	Total. Add lines 1a-1f	<u> </u>	6,604,553.			
			Business Code				
ice	2a	CLIENT AND OTHER FEES	900099	42,739.	42,739.		
er v	b						
S nu	с						
am	d						
P <sub>2</sub>							
Program Service Revenue	f	All other program service revenue					1
	g	Total. Add lines 2a-2f		42,739.			
	3	Investment income (including dividends,					
	3			0.			
		other similar amounts)		0.			-
	4	Income from investment of tax-exempt bon					
	5	Royalties	(ii) Personal	0.			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u> </u>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>					
e	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
eč	с	Gain or (loss) 7c					
				0.			
Other	8a	Gross income from fundraising					
ð	oa	5					
		events (not including \$					
		of contributions reported on line	0.				
		1c). See Part IV, line 18					
	b	Less: direct expenses		0.			
	С	Net income or (loss) from fundraising events	5	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities	<u></u> ▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory	<u></u>	0.			
s			Business Code				
30U	11a						
ane	b						
Miscellaneous Revenue	c						
isc R		All other revenue					1
Σ		Total. Add lines 11a-11d		0.			
	12	Total revenue See instructions	••••••••••••••••••••••••••••••••••••••	6.647.292	42.739		

#### THE CHILDREN'S PLACE ASSOCIATION

	ent of Functional Expenses nd 501(c)(4) organizations mus		s. All other organization	ns must complete colun	nn (A).
	if Schedule O contains a resp				
	unts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other as	ssistance to domestic organizations				
and domestic gover	nments. See Part IV, line 21	0.			
2 Grants and ot	her assistance to domestic				
individuals. See F	Part IV, line 22	522,213.	522,213.		
3 Grants and of	ther assistance to foreign				
-	eign governments, and foreign				
	Part IV, lines 15 and 16	0.			
	or for members	0.			
•	of current officers, directors, employees	196,442.		196,442.	
6 Compensation not	included above to disqualified				
persons (as define	ed under section 4958(f)(1)) and				
persons described in	n section 4958(c)(3)(B)	0.			
7 Other salaries an	d wages	4,157,447.	3,794,918.	66,610.	295,919
8 Pension plan acc	ruals and contributions (include				
section 401(k) an	d 403(b) employer contributions)	0.			
9 Other employee		512,397.	425,868.	54,617.	31,912
10 Payroll taxes		397,278.	270,648.	94,375.	32,255
11 Fees for services	(nonemployees):				
a Management		0.			
<b>b</b> Legal		5,674.	15.	5,659.	
c Accounting		46,920.		46,920.	
d Lobbying		36,000.		36,000.	
	ising services. See Part IV, line 17	0.			
f Investment mana	igement fees	0.			
g Other. (If line 11g	amount exceeds 10% of line 25, column			040 400	
(A) amount, list line 11	g expenses on Schedule O.)	644,176.	401,740.	242,436.	
12 Advertising and p	promotion	16,049.	270.	15,550.	229
	• • • • • • • • • • • • • • • • • +	303,138.	239,618.	61,996.	1,524
	nology	0.			
		261,952.	235,686.	26.266	
		118,605.		26,266.	
	• • • • • • • • • • • • • • • • • +	110,005.	114,951.	3,652.	2
•	vel or entertainment expenses	0.			
•	state, or local public officials	10,405.	9,381.	1,024.	
	nventions, and meetings	19,639.	35.	19,604.	
		0.		19,004.	
-		31,177.	31,177.		
	pletion, and amortization	82,971.	52,589.	29,433.	949
		02,971.	52,505.	25,155.	<u> </u>
	Itemize expenses not covered				
	laneous expenses on line 24e. If exceeds 10% of line 25, column				
	he 24e expenses on Schedule O.)				
aEQUIPMENT R		41,321.	33,057.	8,264.	
hEMPLOYEE RE		20,558.	11,268.	9,290.	
N	STORAGE FEES	3,721.	2,679.	1,042.	
dSUBSCRIPTIC		3,588.	1,790.	1,798.	
۵		39,544.	2,508.	36,333.	703
e All other expense	es cpenses. Add lines 1 through 24e	7,471,215.	6,150,411.	957,311.	363,493
	omplete this line only if the	.,,	.,,		
organization repo from a combine	and tation. Check here ► if				
following SOD 00	A-2 (ASC 958-720)	0			

0.

following SOP 98-2 (ASC 958-720)

. . .

Page	1	1	

ash - non-interest-bearing	(A) Beginning of year 0. 0. 794,754. 0. 0. 0. 0. 0. 0. 23,748.	1 2 3 4 5 5 6 7	(B) End of year 3,225 0 0 1,035,094 0
avings and temporary cash investments.         ledges and grants receivable, net         ccounts receivable, net.         oans and other receivables from any current or former officer, director,         ustee, key employee, creator or founder, substantial contributor, or 35%         ontrolled entity or family member of any of these persons         oans and other receivables from other disqualified persons (as defined         nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B).         otes and loans receivable, net         oventories for sale or use         repaid expenses and deferred charges         and, buildings, and equipment: cost or other         asis. Complete Part VI of Schedule D	0. 0. 794,754. 0. 0. 0. 0.	2 3 4 5 5 6 7	0 0 1,035,094 0
ledges and grants receivable, net         ccounts receivable, net.         bans and other receivables from any current or former officer, director,         ustee, key employee, creator or founder, substantial contributor, or 35%         bontrolled entity or family member of any of these persons         bans and other receivables from other disqualified persons (as defined         nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B).         otes and loans receivable, net         repaid expenses and deferred charges         and, buildings, and equipment: cost or other         asis. Complete Part VI of Schedule D	0. 794,754. 0. 0. 0. 0.	3 4 5 6 7	0 1,035,094 0
ccounts receivable, net.	794,754. 0. 0. 0. 0.	4 5 6 7	1,035,094
bans and other receivables from any current or former officer, director, ustee, key employee, creator or founder, substantial contributor, or 35% ontrolled entity or family member of any of these persons	0. 0. 0. 0.	5 6 7	0
ustee, key employee, creator or founder, substantial contributor, or 35% ontrolled entity or family member of any of these persons	0. 0. 0.	6 7	
controlled entity or family member of any of these persons       constant         coans and other receivables from other disqualified persons (as defined inder section 4958(f)(1)), and persons described in section 4958(c)(3)(B).         otes and loans receivable, net       coans and coans receivable, net         oventories for sale or use       coans and deferred charges         and, buildings, and equipment: cost or other       cost or other         asis. Complete Part VI of Schedule D       10a       796,671.	0. 0. 0.	6 7	
bans and other receivables from other disqualified persons (as defined nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B) otes and loans receivable, net oventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	0. 0. 0.	6 7	
nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B) otes and loans receivable, net	0. 0.	7	0
otes and loans receivable, net	0. 0.	7	C
ventories for sale or use	0.	-	
ventories for sale or use			C
repaid expenses and deferred charges	23,748.	8	C
and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D <b>10a</b> 796,671.		9	35,531
asis. Complete Part VI of Schedule D 10a 796,671.			
ess: accumulated depreciation <b>10b</b> 654, 569.	149,605.	10c	142,102
vestments - publicly traded securities	0.	11	(
vestments - other securities. See Part IV, line 11	0.	12	(
vestments - program-related. See Part IV, line 11.	0.	13	
tangible assets	0.	14	
ther assets. See Part IV, line 11	566,271.	15	1,077,971
otal assets. Add lines 1 through 15 (must equal line 33)	1,812,833.	16	2,293,923
ccounts payable and accrued expenses	353,221.	17	946,663
rants payable	0.	18	(
	0.	19	(
	0.	20	(
ax-exempt bond liabilities. scrow or custodial account liability. Complete Part IV of Schedule D.	0.	20	
		21	
bans and other payables to any current or former officer, director,			
ustee, key employee, creator or founder, substantial contributor, or 35%	0		(
			677,896
			077,890
	0.	24	
	172 000		E20 01/
		-	539,214
	900,8/1.	26	2,163,773
rganizations that follow FASB ASC 958, check here ►			
et assets without donor restrictions	282,685.	27	-433,127
	563,277.	28	563,277
rganizations that do not follow FASB ASC 958, check here 🕨 📃			
		20	
	845 962		130,150
			2,293,923
	entrolled entity or family member of any of these persons	ontrolled entity or family member of any of these persons       0.         acured mortgages and notes payable to unrelated third parties       439,741.         nsecured notes and loans payable to unrelated third parties       0.         ther liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X       0.         Schedule D       173,909.         ottal liabilities. Add lines 17 through 25.       966,871.         rganizations that follow FASB ASC 958, check here ▶       X         nd complete lines 27, 28, 32, and 33.       282,685.         et assets without donor restrictions.       563,277.         rganizations that do not follow FASB ASC 958, check here ▶       563,277.         rganizations that do not follow FASB ASC 958, check here ▶       845,962.	0. 22         acured mortgages and notes payable to unrelated third parties       439,741.       23         nsecured notes and loans payable to unrelated third parties       0. 24         ther liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X       173,909.       25         schedule D       966,871.       26         rganizations that follow FASB ASC 958, check here ▶       X       282,685.       27         rganizations that follow FASB ASC 958, check here ▶       X       563,277.       28         rganizations that do not follow FASB ASC 958, check here ▶       29       29       30         adtin or capital surplus, or land, building, or equipment fund.       30       31         atianed earnings, endowment, accumulated income, or other funds.       31

Form **990** (2019)

THE CHILDREN'S PLACE ASSOCIATION

Form 99	0 (2019)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		71,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		23,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	45,9	
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8	1	08,1	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	1	30,1	.50.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	plain in			
	Schedule O.				37
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 comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X 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 over	-	20	x	
	the audit, review, or compilation of its financial statements and selection of an independent accountant		2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	lain on			
-	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	n in the	3a	x	
	Single Audit Act and OMB Circular A-133?		Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits are undergo such audit or audits are undergo such au	•	3b	х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	115	1 20		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ) 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.

OMB No. 1545-0047 2019

			t of the Treasury venue Service		Go to www.irs.go	/Form990 for instruction			nformation.	Open to Public Inspection	
Image: Second for Public Charity Status (All organizations must complete this part) See instructions.         The organization is not a private foundation because it is: (For in thes 1 through 12, check only one box)         A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(i).         A medical research organization operated in college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i).         A fielderal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).         C An organization main transity receives a substatial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v).         C An organization that normally receives: (1) more than 31; % of its support from continuoting university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state: support from gores investment income (less section 590(a)(2).         Image: Church Ch	Nam	e of th	e organization						Employer identifi	ication number	
The organization is not a private foundation because it is: [For lines 1 through 12, check only one box, 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.) 6 A federal, state, or focus government and unit described in section 170(b)(1)(A)(v). 7 K 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.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). 7 K An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 50(a)(2). (Complete Part II.) 10 An organization that normally receives: (1) more than 33:r3% of its support from contributions, membership fees, and gross 11 capatization organization and substate acclusively to test for public safety. See section 509(a)(3). 12 An organization organization and substate acclusively to test for public safety. See section 509(a)(4). 13 An organization organization organization described in section 509(a)(4). 14 An organization organization and substate substate they of supporting organization(5), typically by giving 15 the box in lines 12 at through 12 dut describes they be of supporting organization (59(a)(2). See section 509(a)(4). 16 Type I. A supporting organization operated, supporting organization operated in connection with a supported organization(5),	THE	CH	IILDREN'S I	PLACE ASS	OCIATION				36-36410	17	
I A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).         A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:         B A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II)         C An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(ii). (Complete Part II.)         B A community rust described in section 170(b)(1)(A)(ix) (Complete Part II.)         B A community trust described in section 170(b)(1)(A)(ix)(ix) (Complete Part II.)         B A a agricultural research organization described in section 170(b)(1)(A)(ix)(ix) (Complete Part II.)         B A a community rust described in section 170(b)(1)(A)(ix)(ix) (Complete Part II.)         B A a organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from active sectian exceptions, and the starts for the scalable from contribution and organization described organization described in section 500(a)(A).         12 An organization organization dend rust evolution section 500(a)(A).         13 An organization described organization described in section 500(a)(A).         14 An organization described organization section 500(a)(A).         15 An organization des	Pa	rt I	Reason for	r Public Cha	rity Status (All c	organizations must o	complet	e this pa	art.) See instructions	).	
2       A school described in section 170(b)(1)(A)(ii), (Attach: Schedule E (Form 980 or 980-E2).)         3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         4       A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).         6       A default of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)         7       & A norganization operated or gravitation described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agrinutural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization organization operated schularity (V). (Complete Part II.)         9       An agrinutural research organization described in section 509(a)(A).         10       An organization organization agrinuture schularity.         11       An organization organization described in section 509(a)(A).         12	The	orga	inization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i).</li> <li>A norganization 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)(ii). (Complete Part II.)</li> <li>An organization that normally receives: (1) more than 33u; 3% of its support from contributions, membership fees, and gross receipts from activities related to lis exempt functions: subject to certain exceptions, and (2) nor more than 33u; 3% of its support from contributions, membership fees, and gross receipts from activities related to lis exempt functions: subject to certain exceptions, and (2) nor more than 33u; 3% of its activities related to lis exempt functions: subject to certain exceptions, and (2) nor more than 33u; 3% of its activities related to lis exempt functions: subject to certain exceptions, and (2) nor more than 33u; 3% of its activities related to lis exempt functions: subject to certain exceptions, and (2) nor more than 33u; 3% of its activities related to lis exempt functions: subject to certain exceptions 590(a)(3).</li> <li>An organization organization after June 30, 1975. See section 590(a)(2). Complete Part III, and 120; and 120;</li></ul>	1		A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).		
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:     A medical research organization of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).     A norganization 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)(v).     A norganization 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)(v).     A norganization that normally receives a substantial part of its support from conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:     A norganization that normally receives: (1) more than 33:12% of its support from contributions, membership fees, and gross receipts from activities related to its sevenpt functions - subject to certain exceptions, and (2) no more than 33:12% of its support from constribution organized and operated exclusively to test for public sector 509(a)(1).     An organization deparated and operated exclusively to test for public safety. See section 509(a)(2).     Check the box in lines 12a through 12d that describes the type of supporting organization ad complete lines 12e. 121, and 12g.     Type II. A supporting organization supervised or controlled by its supported organization(s), by leakily by giving the supported organizations supervised or controlled by its supported organization(s), by leakily by giving the supported organization supervised or controlled in connection with its supported organization(s), by leakily by giving the supported organization supervised or controlled in connection with its supported organization(s), by leakily by giving the supported organization supervised or controlled in connection with its supported orga	2		A school desc	ribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)		
<ul> <li>hospila's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V).</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).</li> <li>A norganization 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)(V). (Complete Part II.)</li> <li>A norganization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receives:</li> <li>An organization that normally receives: (1) more than 331/3 % of its support from contributions, and (2) normethan 331/3% of its support from contributions, and (2) normethan 331/3% of its support from contributions, and (2) normethan 331/3% of its support from contributions, membership fees, and gross receives:</li> <li>An organization after June 20, 1975. See section 509(a)(2). (Complete Part II).</li> <li>An organization organization after June 30, 1975. See section 509(a)(2). Complete Part II).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2).</li> <li>Check the box in lines '2 a through 12 that describes the type of supporting organization and complete lines 12e, 12t, and 12g, a '''''yee I. A supporting organization operated, supervised, or controlled by its supported organization 50% (1) that describes the type of supporting organization in 52e, 12t, and 12g, a ''''yee I. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization result in the same persons that control or management of supporting organization vested in the same persons that control or management of supporting organization overtain the same persons that control or management of supporting organization o</li></ul>	3		A hospital or a	a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
<ul> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).</li> <li>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)(v).</li> <li>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)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its event functions - subject to settain exceptions, and (2) more than 331/3% of its acquiration organization argumation organization argumation organization argumation organization argumation and part and exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organization argumated acubusively to test for public safety. See section 509(a)(4).</li> <li>An organization organization organization describes the type of supporting organization and complete lines 12e. 1, 21, and 12g.</li> <li>Type I.A supporting organization operated. supported organization and complete form satischions, by publicly supired organization supervised, or controlled by its supported organization(s), which by giving the supported organization supervised or controlled in connection with its supported organization(s), which by giving the supported organization supervised or controlled by its supported organization(s), by laving control or management of the supporting organization operated in connection with, and functionaly integrated with, its</li></ul>	4		A medical res	earch organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
esction 170(b)(1)(A)(V): (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).         7       A n 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)(V). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)         9       An organization that normally receives: (1) more than 33:/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33:/3% of its activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33:/3% of its activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33:/3% of its activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33:/3% of its activity for the organization after /une 30, 13% to fits support from contributions, membership fees, and gross receipts from activities related or subject to certain exceptions, and (2) no more than 33:/3% of its activity to test for publics supported organization atter /une 30, 13%. To be section 509(a)(2).         10       An organization organized and operated exclusively to test for publics support the purposes of one or more publicly supported organization described in section 509(a)(2). Consection 509(a)(2). Consection 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(3). See issuence on supporting organization operated in some supporting organization operated in some section softal control or supporting organization operated			hospital's nam	ne, city, and s	tate:						
G A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).     An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)     A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)     A norganization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) nor more than 331/3% of its support form contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) nor more than 331/3% of its support for more than 331/3% of its support for certain succeptions, and (2) nor more than 331/3% of its support for more than 331/3% of its support do reganization and operated exclusively to test for public safety. See section 509(a)(4).     An organization organized and operated exclusively to test for public safety. See section 509(a)(2).     Complete Part III)     An organization organized and operated exclusively to restion 509(a)(1) or sectors 509(a)(2).     Check the box in lines 12a through 12d that describes the type of supporting organization for or tore public safety. See section 509(a)(1) or sectors 509(a)(2).     Check the box in lines 12a through 12d that describes the type of supporting organization(s), typically by giving the supporting organization (s). typically by giving the supported organization(s), the power to regularly apolint or elect a majority of the directors organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s), by having control or ganization(s) (see instructions). You must complete Part IV, Sections A and B.     Type II non-func	5		-	-		a college or universi	y owned	d or ope	erated by a governme	ental unit described in	
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control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) is exported organization(s) is exported organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations	b		Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having	
organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated organizations.         f       Enter the number of supported organizations.         g       Provide the following information about the supported organizations)         (i) Name of supported organization       (ii) EIN         (iii) EIN       (iii) Type of organization         (i) Name of supported organization       (iii) EIN         (iv) I the organization       (v) Amount of other support (see instructions)         above (see instructions)       Ves         (i) Name of supported organization       (v) Amount of other support (see instructions)         (c)       Image: Image											
c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organization about the supported organization (ii) FIN         (iii) Name of supported organization       (iii) Type of organization (iii) (iii) Type of organization (iii) above (see instructions))         (iv) Is the organization organization (ii) EIN       (iii) Type of organization (iii) first instructions)         (iv) Is the organization (iii) EIN       (iii) Type of organization (iii) first instructions)         (A)       Image: Support (see instructions)         (B)       Image: Support (see instructions)         (c)       Image: Support (see instructions)       Image: Support (see instructions)         (b)       Image: Support (see instructions)       Image: Support (see instructions)         (c)       Image: Support (see instructions)				-		-				•	
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations	с		_		-		ated in c	onnectio	n with, and functional	lly integrated with,	
d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organization about the supported organization(s).         (i) Name of supported organization       (ii) EIN         (iii) Type of organization (described on lines 1-10) above (see instructions))       (iv) s the organization support (see instructions)         (A)       (a)       (b)         (b)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)											
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations	d			-						ted organization(s)	
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations				-			-				
functionally integrated, or Type III non-functionally integrated supporting organization.         f Enter the number of supported organizations         g Provide the following information about the supported organization (ii) Name of supported organization         (ii) Name of supported organization         (iii) EIN         (iiii) EIN         (iii) EIN         (iii) EIN         (iii) EIN         (iii) EIN         (iii) Variantian         (iii) EIN         (iii) Yape of organization (described on lines 1-10) above (see instructions)         Yes         No				-							
functionally integrated, or Type III non-functionally integrated supporting organization.         f Enter the number of supported organizations         g Provide the following information about the supported organization (ii) Name of supported organization         (ii) Name of supported organization         (iii) EIN         (iiii) EIN         (iii) EIN         (iii) EIN         (iii) EIN         (iii) EIN         (iii) Variantian         (iii) EIN         (iii) Yape of organization (described on lines 1-10) above (see instructions)         Yes         No	е		Check this b	oox if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	II, Type III	
f       Enter the number of supported organizations         g       Provide the following information about the supported organization (s).         (i) Name of supported organization       (ii) EIN         (iii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)         (A)       (A)       (A)       (A)       (A)         (B)       (C)       (C)       (C)       (C)         (D)       (C)       (C)       (C)       (C)         (D)       (C)       (C)       (C)       (C)         (E)       (C)       (C)       (C)       (C)         (D)       (C)       (C)       (C)       (C)         (E)       (C)       (C)       (C)       (C)       (C)				•					••• •••		
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization (isted in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         (A)       (B)       (B)       (B)       (B)       (C)	f	Ent	-	-							
Image: Construction of the second	g	Pro	vide the follow	ing informati	on about the suppo	orted organization(s).					
above (see instructions))     document?     instructions)     instructions)       (A)     Image: Construction of the second		(i) Na	ame of supported of	organization	(ii) EIN		(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
Yes         No           (A)         Image: Comparison of the state								• •			
(B)       Image: Colored and the second a									instructions)	matractionsy	
(C)       (	(A)										
(D)       (	(B)										
(E)	(C)										
	(D)										
Total	(E)										
	Tota	ıl									

#### Schedule A (Form 990 or 990-EZ) 2019

36-3641017

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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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,010,618.	5,212,045.	6,083,195.	6,665,187.	6,604,553.	29,575,598.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	5,010,618.	5,212,045.	6,083,195.	6,665,187.	6,604,553.	29,575,598.
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).						0.
6	Public support. Subtract line 5 from line 4						29,575,598.
Sec	tion B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	5,010,618.	5,212,045.	6,083,195.	6,665,187.	6,604,553.	29,575,598.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,211.					30,211.
11	Total support. Add lines 7 through 10						29,605,809.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	317,433.
13	First five years. If the Form 990 is for organization, check this box and stop here.		<u></u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	oort Percentag	ge				
14	Public support percentage for 2019 (lin		•			14	99.90 <b>%</b>
15	Public support percentage from 2018 \$				-	15	99.82%
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu	•	• • • •	•			
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets the			•			
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
4.0	supported organization						
18	Private foundation. If the organization						
	instructions						<u> 🟲 🖂</u>

Schedule A (Form 990 or 990-EZ) 2019

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

activities not included in line 10b, whether or not the business is regularly carried on       1	Sec	tion A. Public Support						
reserver. (Do not holds any "unstag gains.)      2 of or services performed to additional services and the related to a services performed to the services and the services and the services and the services of additional services of addi	Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2 Cross receipts from articles parteriards and a series parteriards and a series parteriard to addite a series parteriards that a not an unrelated task or baselines to the series in a schedule that a differ part to a series of on 15 before 1 and a differ part to a series of on 15 before 1 and a differ part to a series of on 15 before 1 and a differ part to a series of on 15 before 1 and a differ part to a series of on 15 before 1 and a differ part to a series of on 15 before 1 and a differ part to a series of one 15 before 1 and a differ part to a series of one 15 before 1 and a differ part to a series of one 15 before 1 and a differ part to a series of one 15 before 1 and a differ part to a series of non-other than disqualified parts one 1 and the series 1 hours 1 and 1 an	1	Gifts, grants, contributions, and membership fees						
extra services performent, or ballies		received. (Do not include any "unusual grants.")						
turnished in any axis yration is the end at t	2	Gross receipts from admissions, merchandise						
a granization's tax-series han activities that are not an unrelated trade or business multi- under action 13 - 4 Tax revenues levial for the organization's banefit and either paid to or expended on its bahefit		sold or services performed, or facilities						
3 Gross receips tran activities that are not an unrelated taske truthers under section 513.  4 Tax (revenues lowing for the organization's benefit and either paid to or expended in its behalf and either paid to or expended in its behalf and either paid to or expended in its behalf and either paid to or expended in its behalf and either paid to organization without charge		furnished in any activity that is related to the						
3 Gross receips tran activities that are not an unrelated taske truthers under section 513.  4 Tax (revenues lowing for the organization's benefit and either paid to or expended in its behalf and either paid to or expended in its behalf and either paid to or expended in its behalf and either paid to or expended in its behalf and either paid to organization without charge								
unrelined rade or business under section 513 .       Image: section 513 and 100 and 1	3							
4       Tar revenues levid for the organization's benefit and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid to or expended on its behalt and either paid to or expended on its behalt and expended to the set or the degrading between the degrading betw	-							
organization's benefit and either paid to or expended on its behaft	4	-						
a respended on its behalf	-							
5       The value of services or facilities furnished by a governmental unit to the organization without charge		° ·						
furnished by a governmental unit to the organization without charge	5	· ·						
e Teal. Add lines 1 through 5	Ū							
6       Total Add lines 1 through 5,		, ,						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6	· · · ·						
traceived from disputified 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 7 and 70	7 a							
received from other than disquallied persons that exced the greater of \$5,000 or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year or 1% of the amount on line 16 for the year or 1% of the amount on line 16 for the year or 1% of the amount on line 6.       Image: Comparison of the amount on line 16 for the year of the amount on line 6.         8 Public support. (Subtract line 7 c from on line 6.       Image: Comparison of the amount on line 6.       Image: Comparison of the amount on line 6.         9 Amounts from line 6.       Image: Comparison of the amount on line 6.       Image: Comparison of the amount on line 6.         9 Amounts from line 6.       Image: Comparison of the amount on line 6.       Image: Comparison of the amount on line 6.         9 Amounts from line 6.       Image: Comparison of the amount on line 6.       Image: Comparison of the amount on line 6.         9 Amounts from line 6.       Image: Comparison of the amount on line 6.       Image: Comparison of the amount on line 6.         9 Amounts from line 6.       Image: Comparison of the from similar sources.       Image: Comparison of the from similar sources.         9 Add lines 10a and 10b.       Image: Comparison of the amount on line 10b, whether or on the business is again or 10b.       Image: Comparison of the the size of comparison of the state of comparison of the state of comparison of the state of comparison of Public Support Percentage         12 Other income. Do not include gain or loss from the sale of capital assets (Explain in ParVI.)       Image: Comparison of Public Sup	h							
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.)								
line 6.)       Section B. Total Support         Calendar year (or fiscal year beginning in) (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) Total         9 Amounts from line 6.               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             c Add lines 10a and 10b               11 Net income from unrelated business activities not include gin or loss from the sale of capital assets             12 Other income. Do not include gain or loss from the sale of capital assets             13 Total support. (Add lines 9, 10c, 11, and 12               14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.              15 Public support percentage from 2019 (lin								
Section B. Total Support         Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total         9 Amounts from line 6,	ð							
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>							
9       Amounts from line 6		••	(2) 2015	<b>(b)</b> 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-		(a) 2015	(b) 2010	(0) 2017	(u) 2018	(e) 2019	
payments received on securities loans, rents, royalties, and income from similar sources.       image: control of the 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       image: control of taxes income from unrelated business acquired after June 30, 1975								
reits. royalties, and income from similar sources	TUa							
b       Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
section 511 taxes) from businesses       acquired after June 30, 1975       acquired after June 30, 1975								
acquired after June 30, 1975	b	,						
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)		,						
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)		· · · · ·						
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.)	С	Add lines 10a and 10b						
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.)         13       Total support. (Add lines 9, 10c, 11, and 12.)         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         0       organization, check this box and stop here         15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       15         16       Weblic support percentage from 2018 Schedule A, Part III, line 15       16         17       Investment income percentage from 2018 Schedule A, Part III, line 17       18         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18         19a       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .       1         b       331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization to 1       1<	11							
12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       Image: the sale of capital assets (Explain in Part VI.)         13       Total support. (Add lines 9, 10c, 11, and 12.)       Image: the sale of capital assets (Explain in Part VI.)         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       Image: the sale of the sale o		-						
Ioss from the sale of capital assets       Image: Capital assets         (Explain in Part VI.)       Image: Capital assets         13 Total support. (Add lines 9, 10c, 11, and 12.)       Image: Capital assets         14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       Image: Capital assets         16 Public support percentage for 2018 Schedule A, Part III, line 15.       Image: Capital assets         17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       Image: Capital assets         18 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       Image: Capital assets         19a 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line         17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.         b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.         c)       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions         20 Private foundation. If the organization did not check		or not the business is regularly carried on						
(Explain in Part VI.)       13       Total support. (Add lines 9, 10c, 11, and 12.)         13       Total support. (Add lines 9, 10c, 11, and 12.)       14         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       16         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       15         Section C. Computation of Public Support Percentage       15       %         16       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       16       %         Section D. Computation of Investment Income Percentage       16       %         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       %         18       Investment income percentage for 2018 Schedule A, Part III, line 17       18       %         19a       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.       1         b       331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and	12	Other income. Do not include gain or						
13 Total support. (Add lines 9, 10c, 11, and 12.)		loss from the sale of capital assets						
and 12.)       and 12.)         14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       15       %         16       Public support percentage from 2018 Schedule A, Part III, line 15.       16       %         Section D. Computation of Investment Income Percentage       16       %         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18       %         19a       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line       17       is more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .       Image: second column								
14       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.         Section C. Computation of Public Support Percentage         15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))         16       Public support percentage from 2018 Schedule A, Part III, line 15         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))         18       Investment income percentage from 2018 Schedule A, Part III, line 17         18       Investment income percentage from 2018 Schedule A, Part III, line 17         19       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .         20       Private foundation. If the organization did not check a box on line 14, and right so and see instructions         30       Schedule A (Form 990 or 990-EZ) 2019	13	Total support. (Add lines 9, 10c, 11,						
organization, check this box and stop here		and 12.)						
Section C. Computation of Public Support Percentage         15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       15       %         16       Public support percentage from 2018 Schedule A, Part III, line 15       16       %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       %         18       No       18       %         19a       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.       □         b       331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization       □         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       □         JSA       Schedule A (Form 990 or 990-EZ) 2019	14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	ond, third, fourth	i, or fifth tax y	ear as a sectior	501(c)(3)
15       Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))       15       %         16       Public support percentage from 2018 Schedule A, Part III, line 15       16       %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       %         18       No       18       %         19a       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line       1         17       is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.       1         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       1         20       Schedule A (Form 990 or 990-EZ) 2019		organization, check this box and stop here .						· · · . ▶
16       Public support percentage from 2018 Schedule A, Part III, line 15.       16       %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18       %         19a       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line       17         17       is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.       10         18       ine 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.       10         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.       10         18       Image: Schedule A (Form 990 or 990-EZ) 2019       10	Sec	tion C. Computation of Public Supp	port Percenta	ge				
Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17       %         18       Investment income percentage from 2018 Schedule A, Part III, line 17       18       %         19a       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.       ▶         b       331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       ▶         JSA       Schedule A (Form 990 or 990-EZ) 2019	15	Public support percentage for 2019 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
<ul> <li>17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).</li> <li>17 %</li> <li>18 Investment income percentage from 2018 Schedule A, Part III, line 17</li> <li>18 %</li> <li>19a 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.</li> <li>If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.</li> </ul>	16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16	%
<ul> <li>18 Investment income percentage from 2018 Schedule A, Part III, line 17</li> <li>18 %</li> <li>19a 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ►</li> <li>b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶</li> <li>USA</li> </ul>	Sec	tion D. Computation of Investment	t Income Perc	centage				
<ul> <li>18 Investment income percentage from 2018 Schedule A, Part III, line 17</li> <li>18 %</li> <li>19a 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ►</li> <li>b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶</li> <li>USA</li> </ul>	17	Investment income percentage for 2019 (lir	ne 10c, column (	f), divided by line	13, column (f))		17	%
<ul> <li>19a 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶</li> <li>b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶</li> </ul>	18						18	%
<ul> <li>17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ►</li> <li>b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> <li>Schedule A (Form 990 or 990-EZ) 2019</li> </ul>							ore than 331/3%	, and line
<ul> <li>b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> <li>Schedule A (Form 990 or 990-EZ) 2019</li> </ul>			-					
line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 30 Schedule A (Form 990 or 990-EZ) 2019	b			-				
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions  USA Schedule A (Form 990 or 990-EZ) 2019								
JSA Schedule A (Form 990 or 990-EZ) 2019	20			•	•			
	JSA							

36-3641017

### Page **4**

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### 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.*
- **10 a** 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.)

10b Schedule A (Form 990 or 990-EZ) 2019

Schedul	e A (Form 990 or 990-EZ) 2019		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
Ь	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Sectio	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard. Schedule A (Form	3b	000 E 3	2010
JSA	Schedule A (Form	330 OL	JJU-E2	-, 2019

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 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, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2019

6

Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		. ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section 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			
	(reasonable 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			
C	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 <b>Part VI.</b> 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:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE CHILDREN'S PLACE ASSOCIATION

Employer identification number

36-3641017

Organization	type	(check	one)	1
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Section:
X 501(c)(3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number 36-3641017

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$960,003.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$882,967.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$593,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$215,259.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

9E1253 1.000 49900W N26K 5/13/2021 10:46:38 AM V 19-8.4F Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Part II

(a) No.

from

Part I

(a) No.

from

Part I

JSA

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$ (c) (d) (b) FMV (or estimate) Description of noncash property given Date received (See instructions.)

	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(b)       (c)         Description of noncash property given       (See instructions.)         (b)       \$

Employer identification number
36-3641017

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 4				
Name of organization THE CHILDREN'S PLACE ASSOCIATION	Employer identification number				
	36-3641017				
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or					
(10) that total more than \$1,000 for the year from any one contributor. Comp	blete columns (a) through (e) and				

(b) Purpose of gift Transferee's name, address, an (b) Purpose of gift (b) Purpose of gift	(c) Use of gift 	gift Relationship of transferor to transferee
	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	t (d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of g d ZIP + 4	gift Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	t (d) Description of how gift is held
	(e) Transfer of g	gift
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	t (d) Description of how gift is held
	(e) Transfer of g	gift
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	Transferee's name, address, and ZIP + 4         (b) Purpose of gift       (c) Use of gift         (c) Use of gift       (c) Use of gift         (e) Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	For O	rganizations Exempt From Income	Tax Under section	501(c) and section 527	2019
Department of the Treasury Internal Revenue Service	► Comp	lete if the organization is described be ►Go to www.irs.gov/Form990 for		to Form 990 or Form 990-EZ atest information.	Open to Public Inspection
If the organization answe		on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activities	
	0	Complete Parts I-A and B. Do not compl			
		on 501(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
Section 527 organization	•			7 (Labhuing Astivitias) than	
		on Form 990, Part IV, line 4, or Form that have filed Form 5768 (election un			ete Part II-B
	0	that have NOT filed Form 5768 (election and		•	
If the organization answer Tax) (see separate instruct	ered "Yes," ctions), then	on Form 990, Part IV, line 5 (Proxy			
Name of organization	b), 01 (0) 01ga	anizations: Complete Part III.		Employer identi	fication number
THE CHILDREN'S I	סד ארידי אפ	SOCIATION		36-36410	
		rganization is exempt under	contion E01(a) or		
•		organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see inst	ructions for
definition of "politi	•	•		<b>۰</b> •	
		penditures (see instructions)			
		campaign activities (see instruction			
		rganization is exempt under s		-	
		ise tax incurred by the organizatio			
		ise tax incurred by organization m			
		a section 4955 tax, did it file Form			
					Yes No
<b>b</b> If "Yes," describe					
		rganization is exempt under			
	•	pended by the filing organization		•	
		g organization's funds contributed			
		nditures. Add lines 1 and 2. Ent			
<ul> <li>4 Did the filing orga</li> <li>5 Enter the names, organization mad the amount of po as a separate seg</li> </ul>	nization file addresses e payments litical cont regated fun	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom d or a political action committee (f	er (EIN) of all section ter the amount paid ptly and directly de PAC). If additional sp	on 527 political organizati d from the filing organizat livered to a separate polit pace is needed, provide info	• Yes No ons to which the filing ion's funds. Also ente ical organization, such ormation in Part IV.
<b>(a)</b> Name		<b>(b)</b> Address	(c) EIN	filing organization's configured funds. If none, enter -0	(e) Amount of political promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
For Paperwork Reduction	n Act Notice	e. see the Instructions for Form 990 or	990-F7	Schedule (	C (Form 990 or 990-EZ) 2019

**Political Campaign and Lobbying Activities** 

SCHEDULE C

(Form 990 or 990-EZ)

lotice, see the instructions for For n 990 or 990 eauctio

Schedule C (Forn n 990 or 990-EZ) 201



OMB No. 1545-0047

P:	art II-A Complete if the organizati	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	ction under
	section 501(h)).			
A		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	36,000.	36,000.
C	Total lobbying expenditures (add lines 1	a and 1b)	36,000.	36,000.
c	Other exempt purpose expenditures		7,435,215.	9,027,274.
		d lines 1c and 1d)	7,471,215.	9,063,274.
f	Lobbying nontaxable amount. Enter th			
	columns.	-	523,561.	603,164.
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 2	5% of line 1f)	130,890.	150,791.
h	Subtract line 1g from line 1a. If zero or l	ess, enter -0-	0.	0.
		ss, enter -0-	0.	0.
j		on either line 1h or line 1i, did the organiza	tion file Form 4720	
-	reporting section 4911 tax for this year?	<u></u>		Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total	
2a Lobbying nontaxable amount	575,796.	620,341.	494,209.	523,561.	2,213,907.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					3,320,861.	
<b>c</b> Total lobbying expenditures	36,409.	42,307.	36,000.	36,000.	150,716.	
d Grassroots nontaxable amount	143,949.	155,085.	123,552.	130,890.	553,476.	
e Grassroots ceiling amount (150% of line 2d, column (e))					830,214.	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Page 🕻	3

(election under section 501(h)).	i filea i	Form 57	68	
	(a)		(b)	
each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity.	Yes N	10	Amount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
Volunteers?		_		
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		_		
Media advertisements?				
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1 1			
Other activities?				
Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5), c	or sectio	n	
501(c)(6).				
			Yes	5
Were substantially all (90% or more) dues received nondeductible by members?				_
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			. 2	_
Did the organization agree to carry over lobbying and political campaign activity expenditures fro				
Int III-B         Complete if the organization is exempt under section 501(c)(4), section 501           501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"				;
answered "Yes."				
Dues, assessments and similar amounts from members				
Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts of			
political expenses for which the section 527(f) tax was paid).		2a		
Current year		2b		
Total . Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio		•		
in notices were sent and the amount on line 2c exceeds the amount on line 3, what portio				
average data the organization agree to corrupter to the reasonable estimate of pendeductible.		4		
excess does the organization agree to carryover to the reasonable estimate of nondeductible l		5		
and political expenditure next year?				

Schedule C (Form 990 or 990-EZ) 2019

Page 4

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

PART II-A, BOX A

THE FOLLOWING MEMBERS ARE INCLUDED IN THE AFFILIATED GROUP:

NAME: THE CHILDREN'S PLACE ASSOCIATION

ADDRESS: 700 N. SACRAMENTO BLVD. SUITE 300 CHICAGO, IL 60612

EIN: 36-3641017

EXPENSES: \$0

EXCESS LOBBYING EXPENSES: \$0

NAME: THE CHILDREN'S PLACE FOUNDATION

ADDRESS: 700 N. SACRAMENTO BLVD. SUITE 300 CHICAGO, IL 60612

EIN: 36-4273464

EXPENSES: \$36,000

EXCESS LOBBYING EXPENSES: \$0

NAME: THE CHILDREN'S PLACE HOME HEALTH SERVICES

ADDRESS: 700 N. SACRAMENTO BLVD. SUITE 300 CHICAGO, IL 60612

EIN: 36-4097794

EXPENSES: \$0

EXCESS LOBBYING EXPENSES: \$0

NAME: THE CHILDREN'S PLACE HOUSING CORP ADDRESS: 700 N. SACRAMENTO BLVD. SUITE 300 CHICAGO, IL 60612 EIN: 36-4097791 EXPENSES: \$0

EXCESS LOBBYING EXPENSES: \$0 EXCESS LOBBYING EXPENSES: \$0

1194008

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

NAME: THE CHILDREN'S PLACE INTERNATIONAL

ADDRESS: 700 N. SACRAMENTO BLVD. SUITE 300 CHICAGO, IL 60612

EIN: 26-0403531

EXPENSES: \$0

EXCESS LOBBYING EXPENSES: \$0

SCHEDULE D	
(Form 990)	

# 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. **Open to Public** Inspection

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OMB No. 1545-0047

19

Internal Revenue Service
Name of the organization

Department of the Treasury

Name	e of the organization	Employer identification number
THE	CHILDREN'S PLACE ASSOCIATION	36-3641017
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year.	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	dopor advised
3	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
Ū	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
10	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a conservation
-	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		26
c		20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	
•	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectior	n. handling of
-	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	In the second se Second second sec	······································
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	▶\$	<b>5</b>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes the	research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stat	
N	art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	provide the following amounts relating to these items:	-
	(i) Revenue included on Form 990, Part VIII, line 1	► \$
	(ii) Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1.	
b	Assets included in Form 990, Part X.	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

THE CHILDREN'S PLACE ASSOCIATION

	dule D (Form 990) 2019											age <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easure	s, or	Other	Similar As	ssets (d	continue	d)	
3	Using the organization's acquisition collection items (check all that app		other recor	ds, chec	k any o	of the	follow	ving that ma	ake sigr	nificant u	se of	f its
а	Public exhibition	·y/.	d		or excha	anga	progra	m				
-	Scholarly research		e	Other		ange	piogia					
b		rationa	e									
c	Preservation for future gene				4 m m m m m m m m m m m m m m m m m m m		4				. : 1	<b>D</b> =4
4	Provide a description of the organ XIII.	nization's collection	s and expla	ain now	they ful	ther	the or	ganizations	exemp	t purpose	e in i	Part
5	During the year, did the organization	on solicit or receive	donations o	of art hist	orical tr	easu	res or	other simila	r			
Ū	assets to be sold to raise funds rath								_	Yes		No
Pa	rt IV Escrow and Custodial A				organiz	attori	0 00110		•••			
I G	Complete if the organiza		es" on For	m 990 F	Part IV	line	9 or r	eported an	amour	nt on Foi	m	
	990, Part X, line 21.				untry,		0, 01 1	opontou un	amou			
12	Is the organization an agent, truste	o custodian or oth	or intormor	liany for c	ontribut	tions	or otho	r accote not				
Ia				-					Г	Yes		No
h	included on Form 990, Part X? If "Yes," explain the arrangement i	n Dart VIII and com	nlata tha fa	llouring to			• • • •	• • • • • •	••• -	162		NO
D	in res, explain the arrangement i		piete trie io	nowing tai	bie.				A m a			
_									Amount			
	Beginning balance					1c						
	Additions during the year					1d						
-	Distributions during the year					1e						
t	Ending balance					1f						
	Did the organization include an am								-	Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the e	xplanatior	has be	en pr	ovided	on Part XIII			•	
Pa	rt V Endowment Funds.					P	4.0					
	Complete if the organiza		1					1				
		(a) Current year	(b) Pric	or year	<b>(c)</b> Tw	o year	s back	(d) Three yea	ars back	<b>(e)</b> Four y	ears b	ack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage	of the current year	end balanc	e (line 1a	columr	) (a))	held as	•				
	Board designated or quasi-endown		%	e (e . g	,	. (~))						
b	Permanent endowment	%	_									
с	Term endowment	%										
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.									
3a	Are there endowment funds not in			ation that	are hel	d and	d admir	nistered for t	he			
	organization by:		Ū.							Y	'es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relate									3b		
4	Describe in Part XIII the intended u	•										
Pa	rt VI Land, Buildings, and Equ	uipment.										
	Complete if the organization	ation answered "Y		1								
	Description of property		r other basis stment)	(b) Cost	or other ba other)	asis		cumulated reciation	(d	<ol> <li>Book valu</li> </ol>	ie	
1a	Land	· · ·					aopi					
b	Buildings				51,0	74.		23,892.		2	7,1	82.
С	Leasehold improvements				- , 5						, =	
d	Equipment			-	745,59	97.	6	30,677.		11	4,9	20.
ŭ					,02						-,-	
Tota	Other I. Add lines 1a through 1e. <i>(Column</i>	(d) must equal For	m 990 Part	X colum	n (B) lir	<u>) – 10</u>	<u>c)</u>			14	2,1	02
1010				<i>x</i> , courr	ווו , (ש) יו	10 10					- / -	J.

Schedule D (Form 990) 2019

Schedule D (For	m 990) 2019			Page 3
	nvestments - Other Securities.			
(	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b. See Form 990,	Part X, line 12.
(a	) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuat Cost or end-of-year mark	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
	nvestments - 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 valuat	on:
		.,	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
(1) CONSTR	UCTION ESCROW			106,590.
	ED COMPENSATION			14,343.
(-/	OM AFFILIATES			957,038.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) li	ine 15 )	•	1,077,971.
	Other Liabilities.			
(	Complete if the organization answered ine 25.	"Yes" on Form 990	), Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
	income taxes			
	AL LEASE OBLIGATION			330.
()	ITY DEPOSIT			1,148.
<u> </u>	RED COMPENSATION			112,959.
()	RED REVENUE			135,238.
(-)				289,539.
(6) PPP L(				209,339.
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			539,214.
•	uncertain tax positions. In Part XIII, provide the jability for uncertain tax positions under FASB A		-	

Schedule D (Form 990) 2019		Page 4
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.	'n.	
<ol> <li>Total revenue, gains, and other support per audited financial statements</li></ol>	1	
a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c	-	
d Other (Describe in Part XIII.)		
e         Add lines 2a through 2d	2e 3	
A Amounts included on Form 990, Part VIII, line 12, but not on line 1:     a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
<ul> <li>5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.</li> </ul>	5 urn.	
1 Total expenses and losses per audited financial statements	1	
<ul> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> <li>a Donated services and use of facilities</li></ul>		
b Prior year adjustments	-	
c         Other losses         2c           d         Other (Describe in Part XIII.)         2d	-	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b	-	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
<b>Part XIII</b> Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V,	line 4; Part X, line
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation.	
ASC 740 FOOTNOTE		
MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE		
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED		
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE		
FINANCIAL STATEMENTS.		

Schedule D (Form 990) 2019

Page 5

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)				Assistance t				OMB No. 1545-0047
(Form 990)			-	ndividuals in wered "Yes" on F				2019
	Comp		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information			Inspection
Name of the organization								ification number
	PLACE ASSOCIATION						36-364	1017
	nformation on Grants and					La Part III Cardon and		
the selection crit	zation maintain records to su eria used to award the grants IV the organization's proced	s or assistanc	e?					
Part II Grants an	nd Other Assistance to Denne 21, for any recipient th	omestic Org	ganizations a	nd Domestic Gov	vernments. Com	•		d "Yes" on Form 990,
	d address of organization 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 noncash assistar	
_(1)		-						
(2)		-						
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12)		-						
	per of section 501(c)(3) and goer of other organizations list	•	•					
	on Act Notice, see the Instruction							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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	10	502.051			
FOSTER PARENT BOARD PAYMENTS	42.	503,951.			
2 RENTAL, FOOD, UTILITY AND OTHER EMERGENCY ASSIST	56.		20,163.	FMV	RENTAL, FOOD, ETC.
3					
4					
5					
6					
7					

PART I, LINE 2

THE ORGANIZATION USES A VARIETY OF NORMALLY ACCEPTED INTERNAL CONTROL

PROCEDURES TO MONITOR THE USE OF FUNDS PROVIDED FOR INDIVIDUAL ASSISTANCE

INCLUDING THE FOLLOWING:

FOSTER CARE BOARD PAYMENTS - OUR FOSTER CARE CASE MANAGERS AND FOSTER

CARE LICENSING WORKERS REGULARLY MONITOR FOSTER PARENTS INCLUDING FOSTER

PARENT LICENSING CERTIFICATION; IN-PERSON FOSTER HOME VISITS ON A MONTH

BASIS; FOSTER PARENT TRAININGS; ETC.

## 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.

<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	(b) Number of recipients			

information.

RENT, FOOD, UTILITY, AND OTHER EMERGENCY ASSISTANCE - THIS ASSISTANCE IS

USUALLY PROVIDED TO THE INDIVIDUALS BY LOCAL THIRD PARTY VENDORS PAID BY

THE ORGANIZATION. ALL THESE PAYMENTS ARE REVIEWED BY PROGRAM PERSONNEL,

STAFF ACCOUNTANT, AND CHIEF FINANCIAL OFFICER. (EXAMPLES INCLUDE RENT

PAID TO LOCAL LANDLORD, UTILITIES PAID TO COMMONWEALTH EDISON OR PEOPLES

GAS, ETC.)

(Forr	EDULE J m 990)	For certain Officers, Dire Cor ► Complete if the organizatio	<b>ISation Information</b> ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information.	3. 0	/B No. 20 pen to	<b>19</b>	olic
	Revenue Service of the organization			Employer identification	Insp		Δ
	0	S PLACE ASSOCIATION		36-3641017	numbe	•	
-				30-3041017			
Part	Question	s Regarding Compensation				Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde		ovided any of the following to or for a pers         provide any relevant information regarding         Housing allowance or residence for         Payments for business use of person         Health or social club dues or initiation         Personal services (such as maid, character)	these items. personal use nal residence on fees			
b	or reimburse explain	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	1b		
2	Did the orga directors, trus	anization require substantiation prior	to reimbursing or allowing expenses D/Executive Director, regarding the items	incurred by all	2		
3	Indicate which organization's related organ X Comper Indepen	n, if any, of the following the organization CEO/Executive Director. Check all that	on used to establish the compensation of t at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study X Approval by the board or compensation	ds used by a art III.			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		Х
b			ntal nonqualified retirement plan?		4b		Х
C			ased compensation arrangement?		4c		X
5	For persons		r <b>ganizations must complete lines 5-9.</b> ion A, line 1a, did the organization pa	y or accrue any			
					5a		X
b	If "Yes" on lin	e 5a or 5b, describe in Part III.			5b		X
6	compensation	n contingent on the net earnings of:	on A, line 1a, did the organization pa				
	-				6a		X
b	-	rganization? e 6a or 6b, describe in Part III.			6b		X
7			n A, line 1a, did the organization prov				
8	Were any am to the initial	ounts reported on Form 990, Part VII,	escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	at was subject "Yes," describe	7		
9	If "Yes" on I	ine 8, did the organization also foll	low the rebuttable presumption proced	ure described in	8		X
For Pa		ection 53.4958-6(c)?	orm 990.	Schedu	9 Ile J (Fo	orm 990	) 2019

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CATHY KRIEGER	(i)	185,356.	0.	0.		8,343.	193,699.	
1CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

#### 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.

PART I, LINE 3

THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS DETERMINED

BY AND REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS AND SUBMITTED THE FULL BOARD OF DIRECTORS FOR APPROVAL.

SCHEDULE L				h Interes			00 07 0	_ ├	OME	3 No. 1	545-00	47
	complete if the o	28b, or 28c	, or Form 99	es" on Form 99 00-EZ, Part V, li n 990 or Form 9	ne 38a	a or 40b.	26, 27, 2	8a,		20 pen To		
Department of the Treasury Internal Revenue Service	►Go to					 latest information.				specti		
Name of the organization						E	Employer i	identifi	cation	numbe	r	
THE CHILDREN'S PL	ACE ASSOCIA	TION					36-3	3641	017			
						501(c)(29) organ 25a or 25b, or Fo			art V,	line 40	0b.	
1 (a) Name of disqualif	ed person	(b) Relatio	nship betweer organi	n disqualified perso zation	on and	(c) De	25b, 26, 27, 28a, ion. Employer identificati 36-364101 ganizations only). r Form 990-EZ, Part Description of transaction ring the year 	action		Ë	Correc	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2 Enter the amount of							-					
under section 4958												
3 Enter the amount of	tax, if any, on li	ne 2, above,	reimburse	d by the organ	izatio	n		🕨	• \$ _			
	or From Interes			- 000 F7 D-				N7 E.		: <b>6</b> 41		
	e organization a eported an amo						90, Pan	IV, III	ie 20;	orntr	ie	
(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of Ioan	(d) Loan to or from the	(e) Origina principal amo		(f) Balance due	<b>(g)</b> In d	lefault?		proved	(i) W agree	
	and organization	roun		pinioiparanie					-	nittee?	ag.co.	
			organization?						Comm			
				-			Yes	No		No	Yes	No
(1)			To From	-			Yes	No	Yes	No	Yes	No
(1)				-			Yes	No		No	Yes	No
(2)				-			Yes	No		No	Yes	No
. ,							Yes	No		No	Yes	No
(2) (3)							Yes	No		No	Yes	No
(2) (3) (4)							Yes	No		No	Yes	No
(2) (3) (4) (5)							Yes	No		No	Yes	
(2) (3) (4) (5) (6) (7) (8)							Yes	No		No	Yes	
(2) (3) (4) (5) (6) (7) (8) (9)							Yes	No		No	Yes	
(2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (10)							Yes	No		No	Yes	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total			To From		. •	\$	Yes	No		No	Yes	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total	istance Benefit e organization a		To From		-		Yes	No		No	Yes	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total	e organization a	answered "Ye	To From		line 2		Yes		Yes	No		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Part III Grants or Ass Complete if th	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Part III Grants or Ass Complete if th (a) Name of interested person	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Fortal Complete if th (a) Name of interested person (1)	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Fortal Complete if th (a) Name of interested person (1) (2)	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Total Complete if th (a) Name of interested person (1) (2) (3)	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Total Grants or Ass Complete if th (a) Name of interested person (1) (2) (3) (4)	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Total Complete if th (a) Name of interested person (1) (2) (3) (4) (5) (6) (7)	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Total Complete if th (a) Name of interested person (1) (2) (3) (4) (5) (6) (7) (8)	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total Total Complete if th (a) Name of interested person (1) (2) (3) (4) (5) (6) (7)	e organization a	answered "Ye	To From	n 990, Part IV,	line 2	7.	Yes		Yes			

#### Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring of ization's nues?
ATTACHMENT 1	e.gam_ater			Yes	
(1)				103	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV

TO THE BEST OF THE CHILDREN'S PLACE'S KNOWLEDGE, NONE OF THE BOARD

MEMBERS DERIVED PERSONAL BENEFIT FROM THIS TRANSACTION. THE FIRM WAS

SELECTED IN A COMPETITIVE BIDDING PROCESS OR USED BECAUSE OF SPECIALIZED

EXPERTISE.

Page **2** 

Page 2

#### Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

(A)	NAME OF	INTERES	STED PI	ERSON	JOHN I	DURSO
(B)	RELATIO	NSHIP			BOARD	MEMBER
(C)	AMOUNT					4,736.
(D)	DESCRIP	TION OF	TRANS	ACTION	LEGAL	SERVICES
(E)	SHARING	ORGANIZ	ZATION	REVENUE?	YES	X NO

#### SCHEDULE O (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.



 Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 THE CHILDREN'S PLACE ASSOCIATION
 36-36 

Employer identification number

FORM 990, PART III, LINE 3

DURING THE FISCAL YEAR, THE ORGANIZATION CEASED CONDUCTING THE

RESIDENTIAL CARE AND HOME HEALTH CORPORATION PROGRAMS.

#### FORM 990, PART III, LINE 4D

SUPPORTIVE HOUSING STRENGTHENS VULNERABLE AND FORMERLY HOMELESS FAMILIES ESPECIALLY THOSE LIVING WITH HIV AND OTHER MEDICAL CONDITIONS. THE PROGRAM PROVIDES SUPPORTIVE AND RELATED SERVICES SUCH AS CASE MANAGEMENT, MENTAL HEALTH, AFTERSCHOOL ACTIVITIES, EMERGENCY RESOURCES, MEDICAL CASE MANAGEMENT, SUMMER CAMP, UTILITY AND RENTAL ASSISTANCE AND OTHER SUPPORTS TO MAINTAIN STABLE FAMILY HOUSING.

FORM 990, PART VI, SECTION A, LINE 2 KATHLEEN RYAN SELLEW AND BOBBY RYAN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 2

OUR BOARD MEMBERS COME FROM MOSTLY VARIOUS BUSINESSES IN THE METROPOLITAN CHICAGO AREA AND AS RESULT DO CONDUCT BUSINESS TRANSACTIONS WITH EACH OTHER DURING THE NORMAL COURSE OF BUSINESS. TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND BASED UPON THEIR SIGNED CONFLICT OF INTEREST DISCLOSURE TO THE ORGANIZATION, THESE BUSINESS TRANSACTIONS DO NOT IN ANY WAY CONFLICT WITH THEIR FIDUCIARY DUTIES AS BOARD MEMBERS OF ORGANIZATION.

#### FORM 990, PART VI, SECTION B, LINE 11B

THE FIDUCIARY COMMITTEE, SPECIFICALLY A DESIGNATED MEMBER OF FIDUCIARY

COMMITTEE A LOCAL ATTORNEY REVIEWS THE 990 TAX RETURN IN DETAIL. AFTER HIS REVIEW AND APPROVAL, THE COMPLETE 990 TAX RETURN IS MADE AVAILABLE TO THE ENTIRE FIDUCIARY COMMITTEE AND TO THE BOARD OF DIRECTORS FOR THEIR REVIEW VIA ELECTRONIC MEDIA.

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FORM 990, PART VI, SECTION B, LINE 12C
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ALL BOARD MEMBERS SIGN A COPY OF THE ORGANIZATION CONFLICT OF INTEREST POLICY WHEN THEY BECOME BOARD MEMBERS. THE BOARD MEMBERS ARE NOT ALLOWED TO VOTE ON ANY CONTRACTS, VENDOR ARRANGEMENTS OR OTHER MATTERS INVOLVING COMPANIES THAT THEY WORK FOR OR HAVE ANY OWNERSHIP INTEREST IN. THE CHIEF FINANCIAL OFFICER MONITORS THE ORGANIZATION'S VENDOR RELATIONSHIPS AND DECISIONS TO ENSURE THAT THIS POLICY IS ADHERED TO.

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

THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS DETERMINED BY AND REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. A REVIEW WAS CONDUCTED IN 2020 BY THE BOARD OF DIRECTORS.

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

JSA

THE ORGANIZATION'S ANNUAL REPORT AND AUDITED CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND GUIDESTAR. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2019				Page <b>2</b>
Name of the organization			Employer identification n	umber
THE CHILDREN'S PLACE ASSOCIATION			36-3641017	
			ATTACHMENT 1	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES				
DESCRIPTION	GRANTS		EXPENSES	REVENUE
RESIDENTIAL CARE		882.	1,053,043.	
HOME HEALTH CARE			764,852.	
TOTALS		882.	1,817,895.	

	ATTACHMEN	NT 2
990, PART VII- COMPENSATION OF THE FIVE H	IGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ADDISON GROUP 125 S WACKER DR, 27TH FLOOR CHICAGO, IL 60606	CONSULTING	110,293.
TOTAL NURSES NETWORK 7026 W NORTH AVE CHICAGO, IL 60707	NURSING	103,793.

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

36-3641017

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

THE CHILDREN'S PLACE ASSOCIATION

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1) CHILDREN'S PLACE COMMUNITY LIVING, LLC 36-4097791					
700 N. SACRAMENTO BLVD., SUITE CHICAGO, IL 60612	LOW INC HOUSE	IL	-34,157.	4,391,566.	CHILD CORP.
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

JSA

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		12(b)(13) rolled
						Yes	No
(1) THE CHILDREN'S PLACE FOUNDATION 36-4273464							
700 N. SACRAMENTO BLVD., SUITE CHICAGO, IL 60612	SUPPORT ASSN	IL	501(C)(3)	LINE 7	CHILD PL ASN		Х
(2) THE CHILDRENS PLACE HOME HEALTH SERVICES 36-4097794							
700 N. SACRAMENTO BLVD., SUITE CHICAGO, IL 60612	SUPPORT ASSN	IL	501(C)(3)	LINE 7	CHILD PL ASN		Х
(3) THE CHILDREN'S PLACE HOUSING CORP 36-4097791							
700 N. SACRAMENTO BLVD., SUITE CHICAGO, IL 60612	SUPPORT ASSN	IL	501(C)(3)	LINE 7	CHILD PL ASN		Х
(4) THE CHILDREN'S PLACE INTERNATIONAL 26-0403531							
700 N. SACRAMENTO BLVD., SUITE CHICAGO, IL 60612	INTL PRGM	IL	501(C)(3)	LINE 7	CHILD PL ASN		Х
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 2

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.

	There related erg			· · ·			1					
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
		,,		,			Yes	No		Yes	No	
(1)	_											
(2)												
(3)	_											
(4)	_											
(5)	_											
(6)	-											
(7)	-											

# 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>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)( control entity
							Yes N
(1)	_						
(2)	-						
(3)	-						
(4)	-						
(5)	_						
(6)	-						
(7)	-						

Schedule R (Form 990) 2019

JSA

THE CHILDREN'S PLACE ASSOCIATIO	THE	CHILDREN'	S	PLACE	ASSOCIATION
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36-3641017

Schedule R (Form 990) 2019

Part	<b>Transactions With Related Organizations.</b> Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	: 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 lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c	X	
	Loans or loan guarantees to or for related organization(s)				1d	Х	37
е	Loans or loan guarantees by related organization(s)		•••••		1e		X
f	Dividends from related organization(s)				1f		Х
q	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
ο	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1p	Х	37
q	Reimbursement paid by related organization(s) for expenses		•••••		1q		X
							х
r	Other transfer of cash or property to related organization(s)		• • • • • • • • • • • • • • • • •		1r		X
	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and trans	action three	1s		
	(a)	(b)	(c)		(d)	5.	
	Name of related organization		thod of determining				
		type (a-s)		amou	nt invo	olved	
(1)							
(2)							
(2)							
(3)							
(4)							
(5)							
(6)			0-1	odulo P (F	orm	000)	2040
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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	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organizations?		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)		_												
(2)		_												
(3)														
(4)														
		_												
(7)														

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

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