Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

2020 Open to Public

OMB No. 1545-0047

				inspection
A For the	2020 calendar year, or tax year beginning 07/01, 2020, a	and ending		06/30, 20 ₂₁
B Check if applie	C Name of organization		D Employer idei	ntification number
	ASSOCIATION TO BENEFIT CHILDREN			
Address change	Doing Business As		13-33030	
Name ch	in the second seco	oom/suite	E Telephone nur	
Initial re			(646) 459	- 6121
Termina				
Amende return	NEW TOTAL, NI TOOSS		G Gross receipts	
Applicat pending			H(a) Is this a group subordinates?	return for Yes X No
	1841 PARK AVENUE, NEW YORK, NY 10035		H(b) Are all subordin	ates included? Yes No
Tax-exen	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf "No," attach	a list. (see instructions)
	₩WW.A-B-C.ORG		H(c) Group exempt	ion number
K Form of	organization: X Corporation Trust Association Other	L Year of format	tion: 1985 M s	State of legal domicile: NY
Part I	Summary			
1 B	riefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m PROV}$	IDE SERVIC	ES TO CHIL	DREN AND
8 _ ¹	FAMILIES IN THE NEW YORK METROPOLITAN AREA AND WAS	5 FOUNDED A	AS A	
	FORCE TO CHALLENGE AND CHANGE THE MYRIADS OF ASSAU	JLTS TO CHI	LDREN.	
Governance	theck this box > if the organization discontinued its operations or disposed	of more than 25%	of its net assets.	
<mark>ິ</mark> ຜິ 3 N	lumber of voting members of the governing body (Part VI, line 1a)		L	3 18.
<mark>່</mark> 6 ທ	lumber of independent voting members of the governing body (Part VI, line 1b)		[4 18.
	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			5 313.
;≩ 6 ⊺	otal number of volunteers (estimate if necessary)			6 500.
ĕ 7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			7a 0
	let unrelated business taxable income from Form 990-T, line 34			7 b 0
			Prior Year	Current Year
a 8 C	contributions and grants (Part VIII, line 1h)		22,031,235	
1 9 P	rogram service revenue (Part VIII, line 2g) COPY I PUBLIC INS PUBLIC INS	FOR	4,122,265	5. 3,814,420
9 P 9 P 10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTION	11,474	4. 644,427
[™] 11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		121,492	2. 298,450
	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		26,286,466	6. 25,085,915
	rants and similar amounts paid (Part IX, column (A), lines 1-3)		(0. 0
	enefits paid to or for members (Part IX, column (A), line 4)		(0. 0
45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,714,982	2. 16,050,447
	rofessional fundraising fees (Part IX, column (A), line 11e)		(0. 0
<mark>s</mark> b⊺	otal fundraising expenses (Part IX, column (D), line 25) ► 402, 860.			
^ш 17 с	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,976,821	1. 8,480,322
	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,691,803	3. 24,530,769
19 R	evenue less expenses. Subtract line 18 from line 12		1,594,663	3. 555,146
Net Assets or Fund Balances ⊥ 02 ⊥ 10 N 75			ning of Current Ye	ear End of Year
T 02 ⊒uc	otal assets (Part X, line 16)		23,424,122	2. 24,326,641
🦉 🛱 21 T	otal liabilities (Part X, line 26)		2,283,979	9. 1,983,764
22 N	let assets or fund balances. Subtract line 21 from line 20.		21,140,143	3. 22,342,877
Part II	Signature Block			
Under pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements, a	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 k		
			9/7/	/2022
Sign	Signature of officer	•	Date	
Here	Matthew Manger; Chief Financial Officer			
	Type or print name and title			
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
	PAUL HAMMERSCHMIDT	9/7/2022	2 self-employed	d P01384178
Preparer	Firm's name 🕨 BDO USA, LLP		Firm's EIN 🕨 1	3-5381590
use only ⊢	Firm's address > 100 PARK AVENUE NEW YORK, NY 10017-5001			12-885-8000
	S discuss this return with the preparer shown above? (see instructions)			X Yes No
For Paperw	ork Reduction Act Notice, see the separate instructions.			Form 990 (2020)

ASSOCIATION	TΟ	BENEFIT	CHILDREN
110000011111010	T ()		

For	m 990 (2020) Page 2
Pa	art III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 14,140,776. including grants of \$ 0.) (Revenue \$ 1,010,068.)
	EARLY CHILDHOOD PROGRAMS: ENRICHED EDUCATIONAL PROGRAMMING FOR
	CHILDREN BIRTH TO 5 YEARS OLD IN BOTH INTEGRATED AND
	NON-INTEGRATED SETTINGS. THIS INCLUDES THE VAST ARRAY OF SERVICES
	PROVIDED TO THE CHILDREN AND THEIR FAMILIES THROUGHOUT THE DAY.
4b	(Code:) (Expenses \$ 7,541,167. including grants of \$ 0.) (Revenue \$ 2,804,352.)
	WRAP-AROUND SERVICES: THE MYRIAD OF PROGRAMMING THAT WRAPS AROUND
	THE "WHOLE" CHILD PROVIDING SUPPORT TO THE CHILDREN AND FAMILIES
	OF OUR EARLY CHILDHOOD PROGRAMS AND THE COMMUNITY. THIS INCLUDES
	A ROBUST MOBILE AND CLINIC-BASED BEHAVIORAL HEALTH CENTER THAT IS
	MADE UP OF MOBILE MENTAL HEALTH CRISIS TEAMS, SCHOOL-BASED
	SERVICES AND, STAND-ALONE CLINICAL SERVICES. PROGRAMMING ALSO
	INCLUDES PREVENTIVE SERVICES USING CHILD-PARENT PSYCHOTHERAPY MODALITY, NUTRITIONAL SERVICES, EQUITY AND JUSTICE CENTER,
	TUTORING AND AFTERSCHOOL PROGRAMS, AND VARIOUS FAMILY SERVICES AND
	TRAINING PROGRAMS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
<u></u>	Other program services (Describe on Schedule O.)
Ψu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 21,681,943.
JSA	

-	990 (2020)		F	Page 3
Par	t IV Checklist of Required Schedules		Vaa	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	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,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I.</i>	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.4	Х	
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TTe		
•	the organization's isoparate of consolidated mandal statements for the tax year metude a roothote 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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		3.7	1
40	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?	10		X
20 a	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Page **4**

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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	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	240		
L		240		
لہ	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ŭ	"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	25		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32				Х
••	complete Schedule N, Part II.	32		Δ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		3.7	
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			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	Х	
JSA		-	000	(0.0.0.6.)

Form 990 (2020)

-	990 (2020)		F	Page 5
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 2a 313			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have 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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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	Х	
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L
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		Χ
	If "Yes," complete Form 4720, Schedule O.			

-	ASSOCIATION TO BENEFIT CHILDREN 13-3303			Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	See III	struc	X
Soct	ion A. Governing Body and Management	<u>· · ·</u>		
0000	ion A. Ooverning body and management		Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	x	
a	The governing body?	8b	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ū	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
16a				
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{NY} .			

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 X
 Own website
 Another's 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 interest policy, 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 ► MATTHEW MANGER, 1841 PARK AVENUE, NEW YORK, NY 10035 646-459-6121

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	anc
	Independent Co										
	Check if Schedule	϶Οc	contains a r	esponse or n	ote to any line	e in this	Part VII				. X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe d a d	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ADAM LECZYCKI	35.00									
CLINICAL DIRECTOR	0.					Х		237,138.	0.	71,331.
(2) GRETCHEN BUCHENHOLZ	35.00									
PRESIDENT/CEO	5.00			Х				141,000.	0.	110,836.
(3) ERI NOGUCHI	35.00									
CHIEF OPERATING OFFICER	5.00				Х			155,000.	0.	46,624.
(4) MATTHEW MANGER	35.00									
CHIEF FINANCIAL OFFICER	5.00			Х				135,000.	0.	40,608.
(5) LENY BOLIVAR	35.00									
CLINICAL DIRECTOR	0.					Х		120,888.	0.	36,363.
(6) CHRISTINA MILLER	35.00									
PROGRAM DIRECTOR	0.					Х		110,746.	0.	33,312.
(7) MARY ELLEN ROONEY	35.00									
PROGRAM DIRECTOR	0.					Х		104,175.	0.	31,336.
(8) LINDA WOSCZYK	35.00									
PROGRAM DIRECTOR	0.					Х		100,323.	0.	30,177.
(9) TOM STYRON	5.00									
BOARD CHAIRMAN	2.00	Х		Х				0.	0.	0.
(10) BLANCHE JOHNSON	5.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(11) REBECCA BANYASZ	5.00									
BOARD DIRECTOR	0.	Х						0.	0.	0.
(12) MITCH BERNARD	5.00									
BOARD DIRECTOR	0.	Х						0.	0.	0.
(13) HON. DAVID DINKINS	5.00									
BOARD DIRECTOR (THRU 11/20)	0.	Х						0.	0.	0.
(14) MARIAN WRIGHT EDELMAN	5.00									
BOARD DIRECTOR	0.	Х						0.	0.	0.

Form 990 (2020)

ASSOCIATION TO BENEFIT CHILDREN

Form 990 (2020)

	(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more tha box, unless person is b hours for officer and a director/t					an ee)	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	n a	(F) Estimated mount of other mpensation
		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	/ oi a	from the ganization nd related ganizations
	LEN FREEDMAN	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0		
6) KA	RENNA GORE	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0		
7) TI	MOTHY GOODELL	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0		
	EPHEN GRAHAM	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0		
9) ME	REDITH KANE	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0	.	
0) AM	IIE NUTTALL	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0.		
1) MI	CHAEL A. NUTTER	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0		
2) OI	GA PATINO	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0	.	
3) RC	SE STYRON	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0.	.	
4) DE	RMOT SULLIVAN	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0	.	
5) MI	CHAEL WOLITZER	5.00										
BC	ARD DIRECTOR	0.	Х						0.	0.		
1b Sub	-total								1,104,270.	0		400,58
	al from continuation sheets to Part V	/II. Section A	•••	•••	• •	• •			0.	0		
	al (add lines 1b and 1c)							•	1,104,270.	0		400,58
	al number of individuals (including but ortable compensation from the organi		hose 1(d al	bove	e) who	o re	ceived more than	\$100,000 of		Yes N
em	the organization list any former ployee on line 1a? <i>If "Yes," complete S</i> any individual listed on line 1a, is	chedule J for suc	ch ind	ividı	ual	• •	•••	•••			3	2
orga	anization and related organizations	s greater than	\$15	50,0	00?	lf	"Yes	," (complete Schedu	le J for such		X
											4	
	any person listed on line 1a receiv services rendered to the organization?										5	
	B. Independent Contractors				.00	101	5461				J	
1 Cor	nplete this table for your five highest pensation from the organization. Rep											<
	(A) Name and busine	ss address							(B) Description of se	rvices	(C Compe	-
ATTA	CHMENT 2											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 6

ASSOCIATION TO BENEFIT CHILDREN

Page **8**

Form	aan	(2020)	
FUIII	990	(2020)	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and H	ligi	nest Compensat	ea ⊑mpioy	ees (c	ontinuea)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck s pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	compensatio related	(E) Reportable compensation from related organizations	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-I		compensation from the organization and related organizations
5) ANIL STEVENS BOARD DIRECTOR	5.00	x						0.		0.	
7) JOAN LACAGNINA TREASURER	5.00	X		Х				0.		0.	
VICE PRESIDENT	5.00			X				0.		0.	
) PETER BUCHENHOLZ	5.00										
SECRETARY	2.00			X				0.		0.	
		-									
		-									
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	hose	liste	•••	· ·		► ► ►	ceived more than	\$100,000 o	0. f	
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	er, directo	or, or	tru								Yes 3
For any individual listed on line 1a, is the organization and related organizations grain individual	eater than	\$15 • • •	50,0 • •	00? • •	> If • •	"Yes	;," (• •	complete Schedu	le J for s 	uch 	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co es," comple	mpen te Scl	satio nedu	on f le J	fron <i>I for</i>	n any <i>such</i>	uni per:	related organizations in the second	on or indivic	lual •••	5
ection B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) compensation

Form 990 (2020) ASS Part VIII Statement of Revenue

		· · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ss	10	Federated campaigns 1a					Sections 512-514
ant		Membership dues					
ษิธิ		Fundraising events	612,052.				
fts,		Related organizations	012,032.				
ilai		Government grants (contributions) . 1e	14,463,758.				
ns,		All other contributions, gifts, grants,	14,403,730.				
r tio	'	and similar amounts not included above • 1f	E 252 000				
the		Noncash contributions included in	5,252,808.				
<u>i</u>	g		↑ 270.004				
		lines 1a-1f		20, 200, 610			
	n	Total. Add lines 1a-1f		20,328,618.			
ð			Business Code	0.010.570	0.010.570		
vic	2a	FEES FOR SERVICE	621300	2,213,569.	2,213,569.		
Miscellaneous Alter Revenue Other Revenue Other Revenue Program Service Contributions, Gifts, Gran Revenue and Other Similar Amoun Revenue and Other Similar Amoun a transmit and the similar Amoun a transmit and tr	TUITION AND FEES	621300	1,010,068.	1,010,068.			
	OTHER PROGRAM REVENUE	621300	590,783.	590,783.			
5 Č	е						
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u> ▶	3,814,420.			
Miscellaneous Miscellaneous Program Service Program Service Pr	3	Investment income (including dividends,	interest, and				
		other similar amounts)	. [202,623.			202,623
	4	Income from investment of tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 2,921,935.					
	b	Less: cost or other basis					
		and sales expenses 7b 2,480,131.					
	с	Gain or (loss) 7c 441,804.					
	Net gain or (loss)	►	441,804.			441,804	
	events (not including \$						
	of contributions reported on line						
	1c). See Part IV, line 18	0.					
	h	Less: direct expenses	0.				
		Net income or (loss) from fundraising events		0.			
		. ,					
	Ja	activities. See Part IV, line 19 9a	0.				
	h	Less: direct expenses	0.				
	Net income or (loss) from gaming activities.		0.				
	liva	Gross sales of inventory, less returns and allowances	0.				
			0.				
		Less: cost of goods sold		0.			
	Ť		Business Code	0.			
2a FEES FOI D b TUITION C c OTHER PI OTHER PI d d	MISCELLANEOUS REVENUE	900099	298,450.			298,450	
		500099	200,400.			290,430.	
ella ver							
Re							
ž				000 450			
		Total. Add lines 11a-11d		298,450. 25.085.915	3,814,420		942.877
	17		🗩 🛛	25.085.915	3.814.420		942.877

o not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	629,063.		629,063.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	10 550 000	0.0.0.0.01	0.45 50
7 Other salaries and wages	11,898,470.	10,759,889.	892,861.	245,720
8 Pension plan accruals and contributions (include				- 1-
section 401(k) and 403(b) employer contributions)	230,693.	225,542.	140 070	5,15
9 Other employee benefits	2,314,668.	2,118,027.	148,273.	48,368
0 Payroll taxes	977,553.	835,074.	123,409.	19,07
1 Fees for services (nonemployees):				
a Management	0.	F 010		
b Legal	5,013.	5,013.		
c Accounting	171,983.	171,983.		
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column		20.017	176 604	07 01/
(A) amount, list line 11g expenses on Schedule O.).	236,823.	32,217.	176,694.	27,912
2 Advertising and promotion	0.	F C 1 0 0 1	101 070	
3 Office expenses	698,622.	561,901.	131,273.	5,448
4 Information technology	0.			
5 Royalties	0.	0.00 0.07	10.070	
6 Occupancy	881,499.	862,627.	18,872.	10.040
7 Travel	393,191.	326,056.	53,786.	13,349
8 Payments of travel or entertainment expenses	0			
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings				
0 Interest	0.			
1 Payments to affiliates	648,403.	600,019.	48,384.	
2 Depreciation, depletion, and amortization	190,986.	175,214.	48,384.	2,62
	190,900.	1/3,214.	13,143.	2,02
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASE OF SERVICES	2,273,697.	2,161,117.	100,539.	12,043
hREPAIRS AND MAINTENANCE	1,716,347.	1,656,852.	56,982.	2,513
cBEDDING, LINEN, AND SUPPLIES	900,911.	872,620.	28,237.	
dFOOD AND CLOTHING	263,499.	246,791.	9,313.	7,39
·	99,348.	71,001.	15,137.	13,21
e All other expenses	24,530,769.	21,681,943.	2,445,966.	402,86
5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the	27,000,709.	21,001,940.	2,773,900.	102,000
organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here ► if				
fundraising solicitation. Check here				

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Form 990 (2020)

Page	1	1
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Check if Schedule O contains a response or note to any line in this Pa	(A)		
	Beginning of year		(B) End of year
Cash - non-interest-bearing	3,306,700.	1	4,732,056
Savings and temporary cash investments	528 , 775.	2	1,074,098
Pledges and grants receivable, net	0.	3	(
Accounts receivable, net	5,389,376.	4	3,637,999
Loans and other receivables from 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	Ο.	5	
Loans and other receivables from other disqualified persons (as defined			
	Ο.	6	
	0.	7	
	0.	8	
	218,953.	9	464,222
		-	
	4,579,341.	10c	3,930,93
			8,914,92
	-		
-	1 2 6 4 6 4 2		1,572,40
		-	24,326,64
		-	752,44
			,02,11
			523,24
		-	
	-		
	0.	21	
	0		
	0.	24	
	700 077		700 07
			708,07
	2,283,979.	26	1,983,76
Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Net assets without donor restrictions	20,065,434.	27	21,855,65
Net assets with donor restrictions	1,074,709.	28	487,22
Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
		29	
			22,342,87
		-	24,326,64
	Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . Notes and loans receivable, net	Loans and other receivables from 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 0. Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B)	Loans and other receivables from 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. 0.5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0.6 Notes and loans receivable, net. 0.10 7 Inventories for sale or use. 0.10 8 Prepaid expenses and deferred charges 218,953.9 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 20,235,766. Dess: accumulated depreciation. 10b 16,304,828.4,779,341.10c 10c Investments - publicly traded securities. 8,036,337.11 11 11 Investments - publicly traded securities. 0.12 10.22,32,726.10 12 Other assets. See Part IV, line 11. 0.12 1.3 1.3 Intangible assets. 0.14 0.14 14 Other assets. See Part IV, line 11. 0.18 1.167,574.17 17 Grants payable 0.20 23,424,122.16 1.167,574.17 17 Grants payable. 0.21 23 24 20.21 22.2

Form 9	90 (2020)				Pa	ge 12
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	2	25,0	85,9	915.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			769.
3	Revenue less expenses. Subtract line 2 from line 1	3				146.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2			143.
5	Net unrealized gains (losses) on investments	5		6	47,	588.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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					
	32, column (B))	10	2	22,3	42,8	377.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		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," ex	xplain	in			
	Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:	-				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	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	rsiah	tof			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			1
Ju	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b	Х	

Form **990** (2020)

SCHEDULE A

Public Charity Status and Public Support

(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

	artment of the Treasury rnal Revenue Service	,		v/Form990 for instruction			information.	Inspection				
Nam	e of the organization	.L					Employer identifi					
	SOCIATION TO	BENEFIT C	HILDREN				13-33030	89				
Ра	rt I Reason fo	r Public Cha	arity Status. (All	organizations must	complet	te this p	art.) See instructions	S.				
The	e organization is not	t a private fou	indation because it	t is: (For lines 1 throug	gh 12, ch	eck only	one box.)					
1	A church, cor	vention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).					
2	A school desc	cribed in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)					
3	A hospital or	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).					
4	A medical res	earch organiz	zation operated in	conjunction with a hose	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the				
	hospital's nan											
5		•		a college or universit	ty owned	d or ope	erated by a governme	ental unit described in				
_			Complete Part II.)									
6		•	•	rnmental unit describe		•						
7			-		ipport fro	om a go	vernmental unit or fro	om the general public				
8)(1)(A)(vi). (Compl	o)(1)(A)(vi). (Complete	Port II)							
9							d in conjunction with a	land-grant college				
•	•		•				name, city, and state o					
	university:		5 5 5		,		, , ,	5				
10	An organization receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	functions, subject to c	ertain ex able inco	ceptions	ntributions, membersh s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its				
11		•		usively to test for publ		•						
12		-	-	-	-		ne functions of, or to c					
		of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).										
			-				zation and complete lin	-				
а	• •		•	•	•		orted organization(s),					
		•	., .	• • • • •		ajority of	f the directors or truste	es of the				
h		-	-	te Part IV, Sections A		with ita	our ported or a prizati	op(a) by baying				
b							s supported organizations that control or man					
		-		, Sections A and C.	the sam	e persor		age the supported				
с		()	•	•	ated in co	onnectio	n with, and functional	lly integrated with,				
		-		ns). You must comple				,				
d	I Type III nor	1-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)				
	that is not fu	unctionally inte	egrated. The orga	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness				
		-		omplete Part IV, Sect								
е		-					hat it is a Type I, Type I	I, Type III				
	-	-	• •	tionally integrated sup		-		— ———————————————————————————————————				
t g			-	orted organization(s).				•••••				
9	(i) Name of supported	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of				
	(i) Hame of supported	organization		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see				
				above (see instructions))	docu Yes	ment? No	instructions)	instructions)				
(A)												
(B)												
(C)												
(D)												
(E)												
Tot	al											

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,461,145.	17,045,825.	19,525,281.	22,031,235.	20,328,618.	95,392,104.
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	16,461,145.	17,045,825.	19,525,281.	22,031,235.	20,328,618.	95,392,104.
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						95,392,104.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	16,461,145.	17,045,825.	19,525,281.	22,031,235.	20,328,618.	95,392,104.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	135,958.	166,612.	175,230.	207,531.	202,623.	887,954.
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.) <u>ATCH</u> .1	48,564.	13,624.	31,343.	121,492.	298,450.	513,473.
11	Total support. Add lines 7 through 10						96,793,531.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	16,121,186.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	98.55%
15	Public support percentage from 2019	Schedule A, Pa	rt II, line 14			15	98.78%
16a	33 1/3% support test - 2020. If the org						
h	box and stop here . The organization qu 33 1/3% support test - 2019. If the org						· · · ·
a	this box and stop here. The organization						
170	10%-facts-and-circumstances test - 2	•		•			
17a	10% or more, and if the organization						
	Part VI how the organization meets t					•	
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
U U	15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets					-	-
	organization			-	-		
18	Private foundation. If the organizatio						and see
10	•						
	instructions						· · · F 🗀

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

13-3303089

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		-				
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>i</i> u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		_				
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975		the organization's first, second, ort Percentage column (f), divided by line 13, column ule A, Part III, line 15				
~	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	,	the organizati	on's first secon	d third fourth	or fifth tax ve	l par as a section	1 501(c)(3)
14	-	-			•		
Sec	tion C. Computation of Public Sup						
	•			mn (f))		15	%
			-			16	%
	tion D. Computation of Investmen						//
				13 column (f))		17	%
							%
Calendar ye 1 Gifts, g receive 2 Gross sold of furnish organi 3 Gross unrela 4 Tax re organ 6 Total. 7 a Amou receive 5 The v furniss organ 6 Total. 7 a Amou receive b Amou receive 10 a Gross payme rents, source b Unrela section E 11 Net in activitt or not 12 Other loss fi (Explat 13 Total and fi 14 First organ Section C 15 Public 16 Public Section I 17 Invest 18 Invest 19 a 33 1/3 j Total 17 is b 33 1/3 j Total 17 is b 33 1/3 j Total 17 is 18 Invest		-					
h		-	-			•••••	
U U	-						
20			•	•			
JSA				.,,,			990 or 990-EZ) 2020

Schedule A (For

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

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Schedule A (Form 990 or 990-EZ) 2020

 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b an 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, prodetail in Part VI.</i> Section B. Type I Supporting Organizations 		Yes	N
 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, prodetail in Part VI. 			
 b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, product and the second sec	nd		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, productail in Part VI.	11a		
detail in Part VI.	11b		
	ovide		
Section B. Type I Supporting Organizations	11c		
		Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <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 line 2, above, 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 "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	(ctions				
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).					
~		Ye	s No			
2	Activities Test. Answer lines 2a and 2b below.					

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

13-3303089

2

			Pag
Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
Check here if the organization satisfied the Integral Part Test as a qualifyir			
instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1.		
a Average monthly value of securities	1a		
 b Average monthly cash balances c Fair market value of other non-exempt-use assets 	1b 1c		
C Fair market value of other non-exempt-use assets	1d		
	Tu		
d Total (add lines 1a, 1b, and 1c)			
d Total (add lines 1a, 1b, and 1c)	10		
 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): 	1e		
 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): c Acquisition indebtedness applicable to non-exempt-use assets 	2		
 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): e Acquisition indebtedness applicable to non-exempt-use assets e Subtract line 2 from line 1d. 			
 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): e Acquisition indebtedness applicable to non-exempt-use assets g Subtract line 2 from line 1d. g Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 	2 3		
 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): e Acquisition indebtedness applicable to non-exempt-use assets g Subtract line 2 from line 1d. g Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 	2 3 4		
 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): e Acquisition indebtedness applicable to non-exempt-use assets g Subtract line 2 from line 1d. g Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). g Net value of non-exempt-use assets (subtract line 4 from line 3) 	2 3 4 5		
 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): e Acquisition indebtedness applicable to non-exempt-use assets g Subtract line 2 from line 1d. g Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 	2 3 4		

1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
 2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
 4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions).	6	

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

Schedule A (Form 990 or 990-EZ) 2020

-	le A (Form 990 or 990-EZ) 2020		• (**********		Page 7
Part		Supporting Organizat	tions (continued)		
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOM	7.			ATTACHMENT 1	
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER REVENUE	48,564.	13,624.	31,343.	121,492.	298,450.	513,473.
TOTALS	48,564.	13,624.	31,343.	121,492.	298,450.	513,473.

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

2020

Employer identification number

Name of the organization

ASSOCIATION TO BENEFIT CHILDREN

13-3303089

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	<u>N/A</u>	\$ 3,553,927.	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	\$4,702,969.	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	\$2,185,825.	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	\$1,282,217.	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	\$2,376,983.	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
6	<u>N/A</u>	\$700,000.	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
7	<u>N/A</u>	\$575,000.	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
8	<u>N/A</u>	\$500,000.	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.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person 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.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization	ASSOCIATION	ТО	BENEFIT	CHILDREN
----------------------	-------------	----	---------	----------

Employer identification number 13-3303089

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Part	

JSA

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				13-3303089
Part III	Exclusively religious, charitable, etc.,			
	(10) that total more than \$1,000 for t			
	the following line entry. For organization contributions of \$1,000 or less for the			
	Use duplicate copies of Part III if additi			
(a) No. from		•		
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, an	d 7IP + 4	Relatio	nship of transferor to transferee
			Kelatio	
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I		(0) 036	orgin	(d) Description of now girt is need
		(e) Transf	er of gift	
	Transferee's name, address, an	nship of transferor to transferee		
(a) No.				1
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transf	er of aift	
			-	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	orgift	(d) Description of how gift is held
		(e) Transt	er of gift	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
			Relatio	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Schedule D (Form 990) 2020

20

OMB No. 1545-0047

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lame	of the	organiza	ition	
	~ ~ T		-	

Nam	e of the organization	Employer identification number
ASS	SOCIATION TO BENEFIT CHILDREN	13-3303089
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
-	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	
	Aggregate value of contributions to (during year)	
2		
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	the structure of the state
5	Did the organization inform all donors and donor advisors in writing that the assets held	
	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 for	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes 🔄 No
Pa	art II Conservation Easements.	
	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).	
		of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization during the
	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, inspect	tion 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	
0	Stan and volunteer nours devoted to monitoring, inspecting, nandling or violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
'		onservation easements during the year
0	► \$	170(h)(4)(P)(i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and easting 170(b)(4)(D)(ii)2	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and belance about and include, if applicable, the text of the features to the organization's finance	-
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance organization's accounting for conservation easements.	
De	art III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assots
ΓC	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	i Olimiai Assets.
	· · · ·	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes t	hese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s	
	art, historical treasures, or other similar assets held for public exhibition, education, or res	earch in furtherance of public service
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	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	· · · · · · ▶ \$

ASSOCIATION TO BENEFIT CHILDREN

13-3303089

Sche	dule D (Form 990) 2020											Page 2
Ра	rt III Organizations Maintaini	ng Collect	ions of <i>i</i>	Art, Histo	rical Tre	asures	s, or	Other	Similar A	ssets (d	continue	
3	Using the organization's acquisition	on, accessio	n, and o	ther recor	ds, chec	k any o	f the	follow	ing that m	nake sigr	nificant u	se of its
	collection items (check all that app	ly):			_							
а	Public exhibition			d	Loan	or excha	ange	prograr	n			
b	Scholarly research			е	Other							
С	Preservation for future gene											
4	Provide a description of the organ	nization's co	ollections	and expla	ain how t	they fur	ther	the org	ganization'	s exempt	t purpos	e in Part
	XIII.											
5	During the year, did the organization									_		
	assets to be sold to raise funds rath			ained as pa	art of the	organiza	ation'	s collec	ction?		Yes	No
Pa	rt IV Escrow and Custodial A	•		-" -			line e	0	a waa waa alaa		-+ -	
	Complete if the organiza 990, Part X, line 21.	alion answe	erea re	s on For	m 990, F	Part IV,	line	9, 01 10	eported a	n amour	nt on Fo	rm
10	Is the organization an agent, trus	too oustad	ion or ot	bor intorn	odiony fr	or cont	ributiz	one or	othor acc	oto not		
Ta	included on Form 990, Part X?				-						Yes	No
b	If "Yes," explain the arrangement i	 n Part XIII а		lete the fo	 Ilowina tal					•••• L	103	
~	in roo, explain the analygement				lowing tai	510.				Amount		
с	Beginning balance						1c			7 arround		
d	Additions during the year.						1d					
e	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am	ount on For	rm 990, F	Part X, line	21, for e	escrow	or cu	stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. (Check he	ere if the e	xplanatior	has be	en pr	ovided	on Part XIII			
	Endowment Funds.											
	Complete if the organiza	ation answe	ered "Ye	s" on For	m 990, F							
		(a) Curren	it year	(b) Prio	or year	(c) Two	o years	s back	(d) Three y	ears back	(e) Four	/ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage Board designated or quasi-endown		ent year e	end balanc %	e (line 1g,	, column	i (a)) I	held as				
a b	Permanent endowment	%										
c	Term endowment	%										
Ŭ	The percentages on lines 2a, 2b, a	- '	ld equal 1	00%								
3a	Are there endowment funds not in				ation that	are hel	d and	l admir	nistered for	the		
• •	organization by:			5							٦	'es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizat	ions liste	d as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended u	uses of the o	organizat	tion's endo	wment fu	nds.					·	
Ра	rt VI Land, Buildings, and Equ	uipment.	orod "Va				line	110 0		000 Da	rt V line	. 10
	Complete if the organization		a) Costor		(b) Cost				cumulated		Book val	
			(invest		(c	other)			eciation	,u	·	
1a	Land					305,00			10 515			5,000.
b	Buildings					218,88			43,795.			5,094.
С	Leasehold improvements					L10,61			03,911.			6,703.
d	Equipment				6	501,26	5.	5	57,122.		4	4,141.
e	Other			- 000 D- (V astro	··· (D) //		-)			2 0 0	0 0 2 0
i ota	I. Add lines 1a through 1e. (Column	ı (a) must ed	uai ⊢orn	1 990, Part	x, colum	п (В), lín	ie 100	.)	🏲		১, 93	0,938.

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 Page 3 Part VII **Investments - 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held 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.) . Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value CASH SUR VALUE-LIFE INS POLICY 708,077. (1) (2) DUE FROM AFFILIATE 788,923. SECURITY DEPOSITS 75,406. (3) (4) (5) (6) (7) (8) (9) 1,572,406. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . ► Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes DEFERRED COMPENSATION 708,077. (2) (3) (4)(5)

(7)(8) (9)

(6)

708,077. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Х

Schedu	le D (Form 990) 2020		Page 4
Part		า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	25,733,503.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	647,588.
3	Subtract line 2e from line 1	3	25,085,915.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,085,915.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	24,530,769.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	24,530,769.
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.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	24,530,769.
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

see page 5

PART X, LINE 2:

Part XIII Supplemental Information (continued)

UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. AEC AND AFFILIATE DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. AEC AND AFFILIATE HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, ABC AND AFFILIATE HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2021, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE COMBINING STATEMENT OF ACTIVITIES. ABC AND AFFILIATE IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2021, ABC AND AFFILIATE WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

							OMB No. 1545-0047
(Form 990 or 990-EZ)	Open artment of the Treasury > Go to www.irs.gov/Form990 for instructions and the latest information.						
Internal Revenue Service	G	o to www.irs.gov/Form	990 for instr	uctions and	the latest information.		
Name of the organization						Employer identificati	on number
ASSOCIATION TO I	g Activities. Comp		zation or	worod "	Voc" on Form 00	13-3303089	7
	EZ filers are not re	•				90, Fait IV, line I	1.
	the organization rais		•		activities Check a	all that apply	
a Mail solicita	•	e		•	non-government g		
	email solicitations	e f			government grant		
c Phone solic		g			ising events	-	
d 🗌 In-person so	olicitations	U U	i		0		
b If "Yes," list the	tion have a written of es listed in Form 990 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				· ►			
Total		tion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E1281 1.000 4821BD 702V

Schedule G (Form 990 or 990-EZ) 2020

13-3303089

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		5 · • · · · · · · · · · · · · · · · · ·				
			(a) Event #1 THANKSFORGIVING	(b) Event #2 SKATING BENEFI	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	613,168.	33,884.		647,052.
Å		Less: Contributions	578 , 168.	33,884.		612,052.
	3	Gross income (line 1 minus line 2)	35,000.			35,000.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
st Exp	7	Food and beverages				
Direc	8	Entertainment	35,000.			35,000.
	9	Other direct expenses				
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)		35,000.
		Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
nses	2	Cash prizes				
Expei	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses	1 1			
	6	Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ıbtract line 7 from line	1, column (d)	.	
9 a b	l	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a t		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		uring the tax year?	Yes No

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ASSOCIATION	TO	BENEFIT	CHILDREN

Sched	ule G (Form 990 or 990-EZ) 2020			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entitient	ty		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool records:	ks and		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives			
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
-	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds t	0	
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org or spent in the organization's own exempt activities during the tax year > \$			
	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio (see instructions).			

SCHI	EDULE J	Comper	sation Information	c	MB No.	1545-0	047		
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୭ ៣୨በ				
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	\mathbb{Z}	20			
	nent of the Treasury	· · · · ▶	Attach to Form 990.		Open to	o Puk	olic		
	Revenue Service of the organization	► Go to www.irs.gov/Forms	990 for instructions and the latest information	Employer identificatio	n numbe	r			
	0	O BENEFIT CHILDREN		13-3303089					
Part		as Regarding Compensation		15 5505005	,				
_r aru	Question					Yes	No		
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form					
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.					
	First-cla	ss or charter travel	Housing allowance or residence for	personal use					
	Travel fo	or companions	Payments for business use of perso	nal residence					
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees					
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)					
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re spenses described above? If "No," com	plete Part III to					
2		anization require substantiation prior	to reimbursing or allowing expenses	incurred by all	1b				
2			D/Executive Director, regarding the items						
				s checked on line	2				
3			on used to establish the compensation of	the	_				
5			at apply. Do not check any boxes for metho						
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.								
	Compensation committee Written employment contract								
		dent compensation consultant	X Compensation survey or study						
	X Form 99	90 of other organizations	X Approval by the board or compensation	ation committee					
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			ayment?		4a		Х		
b	-		tal nonqualified retirement plan?		4b		Х		
С	-		sed compensation arrangement?		4c		X		
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations must complete lines 5-9.						
5	For persons	listed on Form 990, Part VII, Sect	ion A, line 1a, did the organization pa	ay or accrue any					
		n contingent on the revenues of:							
а	-				5a		X		
b	-	-			5b		X		
c		e 5a or 5b, describe in Part III.	ion A line to did the exercited to						
6	compensation	n contingent on the net earnings of:	ion A, line 1a, did the organization pa						
а	-				6a		X		
b	-	rganization?	• • • • • • • • • • • • • • • • • • • •		6b		X		
_									
7			on A, line 1a, did the organization provescribe in Part III.		7		Х		
8			paid or accrued pursuant to a contract the		-				
•	-	•	Regulations section 53.4958-4(a)(3)?	-					
		-			8		Х		
9	If "Yes" on I	line 8, did the organization also fol	low the rebuttable presumption procee	lure described in					
			<u> </u>		9				
For Pa		ction Act Notice, see the Instructions for F			ule J (Fo	orm 99	0) 2020		

CHILDREN	
BENEFIT	
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ASSOCIATION	

Page 2

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of W-2 and/	* W-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GRETCHEN BUCHENHOLZ	Ξ	141,000.	0	0	68,418.	42,418.	251,836.	0.
1 PRESIDENT/CEO		.0	.0	.0	.0	.0	0	0.
	Ξ	135,000.	.0	.0	.0	40,608.	175,608.	0.
2CHIEF FINANCIAL OFFICER (Ē	.0	.0	.0	.0	.0	.0	0.
	Ξ	237,138.	.0	.0	.0	71,331.	308,469.	0.
3CLINICAL DIRECTOR	Ē	.0	.0	.0	.0	.0	.0	0.
ERI NOGUCHI	Ξ	155,000.	.0	.0	.0	46,624.	201,624.	0.
4CHIEF OPERATING OFFICER (Ē	.0	.0	.0	.0	.0	.0	0.
	Ξ	120,888.	.0	.0	.0	36,363.	157,251.	0.
5CLINICAL DIRECTOR	Ē	.0	.0	.0	.0	.0	.0	0.
	Ξ							
6	(ii)							
	Ξ							
7								
	Ξ							
8	Ē							
	Ξ							
6	(ii)							
	Ξ							
10	(ii)							
	Ξ							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	Ξ							
16	(ii)							
							Sch	Schedule J (Form 990) 2020

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Part II 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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Name of the organization

ASSOCIATION TO BENEFIT CHILDREN

Employer identification number

13-3303089

(a) Check if applicable Number of Distribution applicable Nonceah contribution promotile reported on promotile reported for promotile reported on promotile reported on promotile reported on promotile reported for promotile reporte	Par	Types of Property					
2 Art - Historical treasures			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	s
2 Art - Historical treasures	1	Art - Works of art					
3 Art - Fractional interests							
4 Books and publications	3						
5 Clothing and household goods	4						
goods	5						
6 Cars and other vehicles.		•					
7 Boats and planes	6						
8 Intellectual property	7						
9 Securities - Publicly traded	8						
10 Securities - Closely held stock							
11 Securities - Partnership, LLC, or trust interests		-					
or trust interests		-					
12 Securities - Miscellaneous X 16. 279,004. MARKET QUOTATION 13 Qualified conservation contribution - flistoric structures		•					
13 Qualified conservation contribution - Historic structures,	12			16.	279,004.	MARKET QUOTATION	
structures	13						
14 Qualified conservation contribution - Other		contribution - Historic					
14 Qualified conservation contribution - Other		structures					
15 Real estate - Residential	14						
15 Real estate - Residential		contribution - Other					
16 Real estate - Commercial	15						
17 Real estate - Other	16						
18 Collectibles	17						
19 Food inventory	18						
20 Drugs and medical supplies Image: supplies Image: supplies	19						
21 Taxidermy	20						
22 Historical artifacts	21						
23 Scientific specimens	22						
24 Archeological artifacts	23						
25 Other ►()	24						
26 Other ▶()	25						
27 Other ▶() 28 Other ▶() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	26						
28 Other ▶() Yes 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	27						
 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	28						
which the organization completed Form 8283, Part V, Donee Acknowledgement	29			anization during the tax y	ear for contributions for		
 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?						29	
 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X 30a X<						Yes No	0
to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Image: Contribution and the contributions? Image: Contribution and the contribution a	30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through	
 b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and which is	n't required	
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		to be used for exempt purposes for	the entire h	olding period?		30a	X
contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Image: Contribution of the part II. Image: Contribution of the part II.	b	If "Yes," describe the arrangement	n Part II.				
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				ance policy that require	es the review of any r	ionstandard	
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		contributions?				31 ≥	Х
 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 	32a						
 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 		contributions?				32a	Х
describe in Part II.	b	If "Yes," describe in Part II.					
	33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,	

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

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN B:

THE NUMERICAL DATA HERE REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS.

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



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

Employer identification number

Name of the organization		
ASSOCIATION TO BENEFIT	CHILDREN	13-3303089

FORM 990, PART VI, SECTION A, LINE 2: GRETCHEN BUCHENHOLZ, PRESIDENT/CEO, AND PETER BUCHENHOLZ, SECRETARY, HAVE A FAMILY RELATIONSHIP. TOM STYRON, BOARD CHAIRMAN, AND ROSE STYRON, BOARD DIRECTOR, HAVE A FAMILY RELATIONSHIP. ERI NOGUCHI, CHIEF OPERATING OFFICER, AND MICHAEL LEWIS, VICE PRESIDENT, HAVE A FAMILY RELATIONSHIP.

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

A DRAFT OF FORM 990 IS FIRST REVIEWED BY ABC MANAGEMENT PRIMARILY, BUT NOT LIMTED TO, ABC'S CFO. CONCURRENTLY THE DRA T IS SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW, AND, IF NEEDED, FURTHER DISCUSSION. FORM 990 IS ALSO SENT CONCURRENTLY TO THE BOARD OF DIRECTORS IN ITS ENTIRETY AFFORDING ALL BOARD MEMBERS THE OPPORTUNITY TO REVIEW FORM 990 INDEPENDENTLY AND VOICE ANY QUESTIONS OR CONCERNS. SUGGESTED CHANGES, IF APPLICABLE, ARE CONVEYED TO THE TAX PREPARER. THE FINAL VERSION OF FORM 990 IS THEN FURNISHED TO THE BOARD OF DIRECTORS FOR THEIR RECORDS.

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

A LIST OF VENDORS AND GRANTS ARE DISTRIBUTED TO BOARD OF DIRECTORS ANNUALLY TO DETERMINE ANY CONFLICTS. ALL BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENT. IN INSTANCES WHERE A POTENTIAL CONFLICT MAY EXIST, THE MATTER WOULD BE PRESENTED TO THE FULL BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF, IF ONE EXISTS. THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF, SHALL DETERMINE WHETHER A CONFLICT EXISTS. IN THE CASE OF AN EXISTING CONFLICT, THE BOARD SHALL DETERMINE WHETHER OR NOT THE CONTEMPLATED TRANSACTION IS TO BE COMPLETED. ALL DELIBERATIONS OF THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF, RELATED TO A CONFLICT OF INTEREST SHALL BE CONDUCTED WITHOUT THE PRESENCE OR PARTICIPATION OF THE INDIVIDUAL WHO HAS THE CONFLICT. ALL DELIBERATIONS OF THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF, RELATED TO CONFLICTS OF INTEREST SHALL BE RECORDED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15A: MARKET SURVEYS ARE CONDUCTED TO DETERMINE THE SALARY RANGE IN WHICH THE CEO FALLS UNDER. THE BOARD OF DIRECTORS APPROVES THE SALARY WHEN APPLICABLE AND THE DECISION IS DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15B: THE SALARIES ARE DETERMINED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ASSOCIATION TO BENEFIT CHILDREN PROVIDES SERVICES TO CHILDREN AND FAMILIES IN THE NEW YORK METROPOLITAN AREA. THE ORGANIZATION WAS FOUNDED AS A FORCE TO CHALLENGE AND CHANGE THE MYRIADS OF ASSAULTS TO CHILDREN, INCLUDING BUT NOT LIMITED TO HUNGER, POVERTY, HOMELESSNESS,

ATTACHMENT 1

Name of the organization	Employer identification number
ASSOCIATION TO BENEFIT CHILDREN	13-3303089
	ATTACHMENT 1 (CONT'D)
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	

PHYSICAL AND EMOTIONAL ABUSE, ABANDONMENT, SUBSTANDARD HOUSING,

FAILING SCHOOLS AND SUBSTANCE ABUSE WHICH ENDANGER THEIR WELFARE AND

UNDERMINE THEIR FUTURE.

NAME AND ADDRESS

TODT CORPORATION

139 MERRICK ROAD LYNBROOK, NY 11563

NEW YORK, NY 10017

SIGNATURE CLEANING SERVICES

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES COMPENSATION BUILDING MANAGEMENT 1,039,925. CLEANING SERVICES 407,784.

ATTACHMENT 2

231 W 29TH STREET NEW YORK, NY 10001		
BROSNAN RISK CONSULTANTS 1 BLUE HILL PLAZA PEARL RIVER, NY 10965	SECURITY GUARDS	294,115.
MINDSHIFT TECHNOLOGIES 711 3RD AVENUE, SUITE 205 NEW YORK, NY 10017	I/T MANAGEMENT	277,680.
BDO 622 3RD AVENUE, SUITE 3100	ACCOUNTING	167,486.

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 36, 36, or 37.	Related Organizations and Unrelated Partnerships	I Unrelated	Partnershi	ps ^{36, or 37.}	0	<u>2 (0) 2 0</u>	45-0047
Department of the Treasury		Attach to Form 990.	orm 990.				Open to Public	ublic
Internal Revenue Service				est information.			Inspection	on
ASSOCIATION TO	BENEFIT CHILDREN					Employer Identification number 13-3303089	13089	Jacu
Part I Identific	Identification of Disregarded Entities. Complete if the	the organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on F	orm 990, Part IV	/, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	۵. 	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	trolling
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
Identific one or n	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.	Complete if the org ne tax year.	anization answe	red "Yes" on Fc	orm 990, Part IV,	line 34, because i	it had	
Nan	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) billed y?
T OH MOTHERTSOSSIE	ομαιι Νακαττιο πταυκα οπ Νοτατούου						Yes	٥
(1) ASSUCIATION TO B 1841 PARK AVENUE	CENERLI CHILDREN HDEC 13-3942646	LOW-INC HOUS.	ЛY	501(C)(3)	L	ABC	×	
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
For Paperwork Redu	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.06				Schedule R (Form 990) 2020	(Form 99(0) 2020
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Page 2) tage ship									512(b)(13) 512(b)(13) controlled entity?					_			2020
	Percentage ownership									Percentage 51, ownership co						+		Schedule R (Form 990) 2020
line 34,									Part IV									ula R (Fo
990, Part IV, I	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)								on Form 990, Part IV,	(g) Share of end-of-year assets								Sched
on Form) ritionate ons?	Yes No							red "Yes"	(f) Share of total income								
answered "Yes'	(g) Share of end-of- year assets								nization answe the tax year.	(e) Type of entity (C corp. S corp. or trust)								_
e organization a	(f) Share of total income								lete if the orga or trust during	(d) Direct controlling entity (C c								_
Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ted as a partnership during the tax year.	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)								Corporation or Trust. Complete if the organization answered "Yes" ions treated as a corporation or trust during the tax year.	(c) Legal domicile (state or foreign country)								_
	(d) Direct controlling entity								as a Corporatic	(b) Primary activity								_
s Taxable anizations	(c) Legal domicile (state or foreign country)								s Taxable ated orga									
ed Organizations Ta more related organiz	(b) Primary activity								ed Organization d one or more rel	of related organization								
Schedule R (Form 990) 2020 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization								Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans 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								
Schedule R (Part III	Z Z	(1)	(2)	(3)	(4)	(5)	(9)	(1)			(1)	(2)	(3)	(4)	(5)	(9)	(1)	

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ASSOCIATION TO BENEFIT CHILDREN

Schedule R (Form 990) 2020

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Part IV
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	nore related organizations lis	sted in Parts II-IV?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a	×
Gift, grant, or capital contribution to related organization(s)		· · · · ·	 1b	X
Gift, grant, or capital contribution from related organization(s).		-		×
Loans or loan guarantees to or for related organization(s)		-	1d	×
Loans or loan quarantees by related organization(s)			1 e	×
		· · · · ·		
Dividends from related organization(s)			1f	_
\sim			1g	×
Purchase of assets from related organization(s).	· · · · · ·	· · · · ·	ד - - -	×
Exchange of assets with related organization(s).	· · · · ·	· · · · · ·	=	X
Lease of facilities, equipment, or other assets to related organization(s).	-	-		X
Lease of facilities, equipment, or other assets from related organization(s)	-	-	1k	×
Performance of services or membership or fundraising solicitations for related organization(s)			=	×
Performance of services or membership or fundraising solicitations by related organization(s).			–	×
Sharing of facilities equipment mailing lists or other assets with related organization(s)			Ę	×
Sharing of naid employees with related organization(s)			•	×
	· · · · · · · · · · · · · · · · · · ·			
Reimbursement paid to related organization(s) for expenses.	-	-	 1p	×
Reimbursement paid by related organization(s) for expenses			19	×
				;
Other transfer of cash or property to related organization(s)				× :
- • I.			1s	×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	lete this line, including cove	ered relationships and trans	action thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	mining /ed
		Sc	Schedule R (Form 990) 2020	90) 202
0E13091.000 4821BD 702V V 20-7.24				

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on F Provide the following information for each entity taxed as a partnership through which the organization conducted more than or according to be an each entity consistence on instructions or according to order invoction of a relation to the	axable as a Partn entity taxed as a per	ership. Compl artnership throug	Complete if the organization answered "Yes" on Form 990, Part IV, line 37. p through which the organization conducted more than five percent of its activities	ganization ar	Iswered "Yes	" on Form 99 e than five pe	0, Part IV, rcent of its	Complete if the organization answered "Yes" on Form 990, Part IV, line 37. p through which the organization conducted more than five percent of its activities (measured by total assets	ured by t	otal assets
Name, address, and EIN of entity	Primary activity	(state or foreign country)	Predominant Are all par Predominant Are all par income (related, section unrelated, sociuded	Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	r Percentage ownership
			from tax under sections 512 - 514)	Yes No			Yes No	(Form 1065)	Yes No	0
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(1)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
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Page 4

Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020

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