DLN: 93493245004121 **Return of Organization Exempt From Income Tax** Form **990** 

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

2020

OMB No. 1545-0047

Departi	nent c	of the		•	e public.		Open to Public
reasur	y		► Go to <u>www.irs.gov/Form990</u> for instructions and the la	atest inf	ormation.		Inspection
		enue Service					
			alendar year, or tax year beginning 01-01-2020 , and ending 12-31  C Name of organization	2020	25		e:
		applicable: change	HUSHABYE NURSERY				fication number
□ Nar					82-273	37849	
□ Init	tial re	eturn	Doing business as				
		rn/terminated			E Telepho	ne number	 r
		d return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/suit 2473 SOUTH HIGLEY ROAD 104	te		528-7500	
	Jiicati	ion pending	City or town, state or province, country, and ZIP or foreign postal code			326-7500	,
			GILBERT, AZ 85295		G Gross r	eceipts \$ 1	680 341
			F Name and address of principal officer:	U/5\ T.			.,000,5+1
			JOHN ANDREWS		this a group re	eturn for	□Yes <b>☑</b> No
			2473 SOUTH HIGLEY ROAD 104 GILBERT, AZ 85295		ubordinates? re all subordina	ites	
Tax	(-exel	mpt status:	·	` í ir	cluded?		☐ Yes ☐No
			<u>► 501(c)(3)</u>		"No," attach a	•	•
W	ebsit	te:▶ HU:	SHABYENURSERY.ORG	n(c) G	roup exemption	n number	•
_				I Year of t	formation: 2017	M State	of legal domicile: AZ
<b>(</b> Form	n of o	rganization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L rear or	ormadon. 2017	I State	or regar doffficie. Az
Pa	rt I	Sum	mary				
			scribe the organization's mission or most significant activities:				
		HUSHABY	E NURSERY,ÍNC. (THE "ORGANIZATION") IS A NONPROFIT CORPORATION [				
			ND THEIR CAREGIVERS WITH COMPASSIONATE, EVIDENCE-BASED CARE TH				
			ON AUGUST 11, 2017, THE ORGANIZATION'S PURPOSE IS TO OFFER A SAFE EMBERS AND BABIES CAN RECEIVE INTEGRATIVE CARE AND THERAPEUTIC				
ນ			LIFE OUTCOMES. THE INAUGURAL PROGRAMS, INCLUDING PRENATAL AND				
Ě			SERVICES AND OUTPATIENT THERAPIES, COMMENCED OPERATIONS IN A I				
Ě	]	NOVEMBE	R 2020.				
GOVEINANCE	-						
<b>ర</b> ^	,	Check thi	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of m	ore than	25% of its net	assets	
<u> </u>			of voting members of the governing body (Part VI, line 1a)		•	3	15
ACUVIUES &			of independent voting members of the governing body (Part VI, line 1b)			4	14
12						5	
•			nber of individuals employed in calendar year 2020 (Part V, line 2a)			-	26
			nber of volunteers (estimate if necessary)			6	90
	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		•	7a	(
		Not upro	ated business taxable income from Form 990-T, line 39			71.	
	b	Net unie	ated business taxable income from 10m1 550 1, inte 55 1. 1. 1.			7b	
	b	Net unie	aced business taxable income from Form 550 1, line 55 1	· ·	Prior Year	/B	Current Year
<u> </u>			cions and grants (Part VIII, line 1h)	<u> </u>	Prior Year		Current Year 1,663,85
ēnu		Contribut	ions and grants (Part VIII, line 1h)				1,663,85
enueve	8	Contribut Program	cions and grants (Part VIII, line 1h)		1,058,	,260	1,663,85 13,95
Revenue	8 9 10	Contribut Program Investme	sions and grants (Part VIII, line 1h)		1,058,	,260	1,663,85 13,95 2,18
Ravenue	8 9 10 11	Contribut Program Investme Other rev	sions and grants (Part VIII, line 1h)		1,058,	,260 407 ,888	1,663,85 13,95 2,18 35
Ravenue	8 9 10 11 12	Contribut Program Investme Other rev	sions and grants (Part VIII, line 1h)		1,058,	,260 407 ,888	1,663,85 13,95 2,18
Ravenue	8 9 10 11 12	Contribut Program Investme Other rev Total rev	sions and grants (Part VIII, line 1h)		1,058,	,260 407 ,888	1,663,85 13,95 2,18 35
Ravenue	8 9 10 11 12 13 14	Contribut Program Investme Other rev Total rev Grants an Benefits	service revenue (Part VIII, line 1h)		1,058,	,260 407 ,888	1,663,85 13,95 2,18 35 1,680,34
	8 9 10 11 12 13 14	Contribut Program Investme Other rev Total rev Grants an Benefits	sions and grants (Part VIII, line 1h)		1,058,	,260 407 ,888	1,663,85 13,95 2,18 35
	8 9 10 11 12 13 14 15	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries,	service revenue (Part VIII, line 1h)		1,058,	,260 407 ,888	1,663,85 13,95 2,18 35 1,680,34
	8 9 10 11 12 13 14 15 16a	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio	service revenue (Part VIII, line 1h)		1,058,	,260 407 ,888	1,663,85 13,95 2,18 35 1,680,34
Expenses Revenue	8 9 10 11 12 13 14 15 16a b	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio	cions and grants (Part VIII, line 1h)		1,058, 8, 1,067,	,260 407 ,888	1,663,85 13,95 2,18 35 1,680,34
	8 9 10 11 12 13 14 15 16a b 17	Contribut Program Investme Other rev Total rev Grants as Benefits Salaries, a Professio Total funds	service revenue (Part VIII, line 1h)		1,058, 8, 1,067,	,260 407 ,888 ,555	1,663,85 13,95 2,18 35 1,680,34
	8 9 10 11 12 13 14 15 16a b 17 18	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio Total fundi Other ex	service revenue (Part VIII, line 1h)		1,058, 8, 1,067,	,260 407 ,888 ,555	1,663,85 13,95 2,18 35 1,680,34 675,80
Expenses	8 9 10 11 12 13 14 15 16a b 17 18	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio Total fundi Other ex	sions and grants (Part VIII, line 1h)	Begin	1,058, 8, 1,067, 21,	,260 407 ,888 ,555 ,785 ,785	1,663,85 13,95 2,18 35 1,680,34 675,80 258,64 934,45
Expenses	8 9 10 11 12 13 14 15 16a b 17 18	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries, a Professio Total fundi Other ex	sions and grants (Part VIII, line 1h)	Begin	1,058, 8, 1,067, 21, 21, 21,	,260 407 ,888 ,555 ,785 ,785	1,663,85 13,95 2,18 35 1,680,34 675,80 258,64 934,45 745,88
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contribut Program Investme Other rev Grants an Benefits Salaries, a Professio Total fundo Other ex Total exp Revenue	sions and grants (Part VIII, line 1h)	Begin	1,058, 8, 1,067, 21, 21, 21,	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b>	1,663,85 13,95 2,18 35 1,680,34 675,80 258,64 934,45 745,88
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contribut Program Investme Other rev Grants an Benefits Salaries, Total fundi Other ex Total exp Revenue	sions and grants (Part VIII, line 1h)	Begin	1,058, 8, 1,067, 21, 21, 1,045, ning of Current V	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b>	1,663,85 13,95 2,18 35 1,680,34 675,80 258,64 934,45 745,88 End of Year
	8 9 10 11 12 13 14 15 16a b 17 18 19	Contribut Program Investme Other rev Total rev Grants ar Benefits Salaries, Profession Total fundi Other ex Total exp Revenue  Total ass Total liab	sions and grants (Part VIII, line 1h)	Begin	21, 21, 1,045, ning of Current 1,053,	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b>	1,663,85 13,95 2,18 35 1,680,34 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82
Net Assets of Expenses Fund Balances	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Contribut Program Investme Other rev Grants ar Benefits Salaries, A Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset	sions and grants (Part VIII, line 1h)	Begin	1,058, 8, 1,067, 21, 21, 1,045, ning of Current V	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b>	1,663,85 13,95 2,18 35 1,680,34 675,80 258,64 934,45 745,88 End of Year 2,351,66
Net Assets of Expenses prind Balances	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 ttll	Contribut Program Investme Other rev Grants ar Benefits Salaries, A Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset	sions and grants (Part VIII, line 1h)		21, 21, 1,053, ning of Current 1,053, 1,053,	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949	1,663,85 13,95 2,18 35 1,680,34 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82 1,799,83
is a part assets of Expenses in the Balances	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pen edge	Contribut Program Investme Other rev Grants an Benefits Salaries, Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of per and belie	sions and grants (Part VIII, line 1h)	schedules	21, 21, 1,053, ning of Current 1,053, 1,053, and statement	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949	1,663,85 13,95 2,18 35 1,680,34 675,80 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82 1,799,83
Net Assets of Expenses purple balances	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pen edge	Contribut Program Investme Other rev Grants an Benefits Salaries, Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of per and belie	sions and grants (Part VIII, line 1h)	schedules	21, 21, 1,053, ning of Current 1,053, 1,053, and statement	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949	1,663,85 13,95 2,18 35 1,680,34 675,80 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82 1,799,83
is a part assets of Expenses in the Balances	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pen edge	Contribut Program Investme Other rev Grants an Benefits Salaries, Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of per and belie	sions and grants (Part VIII, line 1h)	schedules	21, 21, 1,053, 1,053, 1,053, and statement ed on all inform	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949	1,663,85 13,95 2,18 35 1,680,34 675,80 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82 1,799,83
Ke by J. Kenses of Expenses Fund Balances	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pen edge	Contribut Program Investme Other rev Grants an Benefits Salaries, Professio Total fundi Other exi Total exp Revenue  Total ass Total liab Net asset Sign alties of perand belie	sions and grants (Part VIII, line 1h)	schedules	21, 21, 1,053, ning of Current 1,053, 1,053, and statement	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949	1,663,85 13,95 2,18 35 1,680,34 675,80 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82 1,799,83
using the Met Assets of Expenses by Met Assets of Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rtll pen edge nowled	Contribut Program Investme Other rev Grants ar Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of p and belie edge.	service revenue (Part VIII, line 1h)	schedules	1,058,  8, 1,067,  21, 21, 1,045, ning of Current v  1,053, 1,053, s and statement ed on all inform  2021-09-01	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949	1,663,85 13,95 2,18 35 1,680,34 675,80 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82 1,799,83
using the Met Assets of Expenses by Met Assets of Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rtll pen edge nowled	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries, A Professio Other ex Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of per and belief	sions and grants (Part VIII, line 1h)	schedules	1,058,  8, 1,067,  21, 21, 1,045, ning of Current v  1,053, 1,053, s and statement ed on all inform  2021-09-01	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949	1,663,85 13,95 2,18 35 1,680,34 675,80 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82 1,799,83
using the Met Assets of Expenses by Met Assets of Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rtll pen edge nowled	Contribute Program Investme Other revenue Grants and Benefits Salaries, and Profession Total funding Other expense Total expense Total liab Net asset Sign alties of per and belief edge.	service revenue (Part VIII, line 1h)	schedules er) is bas	1,058,  8, 1,067,  21, 21, 1,045, ning of Current v  1,053, 1,053, s and statement ed on all inform  2021-09-01	,260 407 ,888 ,555 ,785 ,770 <b>Year</b> ,949 ,949	1,663,85 13,95 2,18 35 1,680,34 675,80 675,80 258,64 934,45 745,88 End of Year 2,351,66 551,82 1,799,83
Here of the season of the seas	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII	Contribute Program Investme Other revenue Grants and Benefits Salaries, and Profession Total funding Other expense Total expense Total liab Net asset Sign alties of per and belief edge.	service revenue (Part VIII, line 1h)	schedules	1,058,  8, 1,067,  21, 21, 1,045, ning of Current \( \) 1,053, 1,053, 3 and statement ed on all inform  2021-09-01 Date  Check \(  \) if	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949	1,663,85 13,95 2,18 35 1,680,34 675,80  258,64 934,45 745,88 End of Year  2,351,66 551,82 1,799,83 of the best of my which preparer has
A Services Find Balances Expenses and Markets of Find Balances of Find Bal	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till pen edge nowle	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries, A Professio Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Signa alties of p e and belie edge.  JOHN A Type o	stroins and grants (Part VIII, line 1h)	schedules er) is bas	1,058,  8, 1,067,  21, 21, 1,045, ning of Current v  1,053, 1,053, 3, and statement ed on all inform  2021-09-01 Date  Check if self-employed	,260 407 ,888 ,555 ,785 ,770 <b>Year</b> ,949 ,949 ,949	1,663,85 13,95 2,18 35 1,680,34 675,80  258,64 934,45 745,88 End of Year  2,351,66 551,82 1,799,83 9 the best of my which preparer has
a be	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pen edge nowld	Contribut Program Investme Other rev Total rev Grants an Benefits Salaries, A Professio Other ex Total fundi Other ex Total exp Revenue  Total ass Total liab Net asset Sign alties of per and belief edge.  30HN / Type o	service revenue (Part VIII, line 1h)	schedules er) is bas	1,058,  8, 1,067,  21, 21, 1,045, ning of Current \( \) 1,053, 1,053, 3 and statement ed on all inform  2021-09-01 Date  Check \(  \) if	,260 407 ,888 ,555 ,785 ,770 <b>Year</b> ,949 ,949 ,949	1,663,85 13,95 2,18 35 1,680,34 675,80  258,64 934,45 745,88 End of Year  2,351,66 551,82 1,799,83 9 the best of my which preparer has
A Services Find Balances Expenses and Markets of Find Balances of Find Bal	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pen edge nowld	Contribute Program Investme Other revenue Grants and Benefits Salaries, and Profession Total funding Other expense Total liab Net asset Sign alties of period and belief edge.    Signation   30HN / Type of Period Program Investment   100 Profession   100 Profess	stroins and grants (Part VIII, line 1h)	schedules er) is bas	1,058,  8, 1,067,  21, 21, 1,045, ning of Current v  1,053, 1,053, 3, and statement ed on all inform  2021-09-01 Date  Check if self-employed	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949 ,949 ,949 ,949	1,663,85 13,95 2,18 35 1,680,34 675,80  258,64 934,45 745,88 End of Year  2,351,66 551,82 1,799,83 of the best of my which preparer has
a be	8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 IIII pen edge nowld	Contribute Program Investme Other revenue Grants and Benefits Salaries, and Profession Total funding Other expense Total liab Net asset Sign alties of period and belief edge.    Signation   30HN / Type of Period Program Investment   100 Profession   100 Profess	service revenue (Part VIII, line 1h)	schedules er) is bas	1,058,  8, 1,067,  21, 21, 1,045, ning of Current \( \)  1,053,  1,053,  1,053,  2021-09-01  Date  Check	,260 407 ,888 ,555 ,785 ,785 ,770 <b>Year</b> ,949 ,949 ,949 ,949	1,663,85 13,95 2,18 35 1,680,34 675,80  258,64 934,45 745,88 End of Year  2,351,66 551,82 1,799,83 of the best of my which preparer has

Form	990 (2	020)				Page <b>2</b>
Pa	rt III	Statement of Program Se	rvice Accomplish	ments		
		Check if Schedule O contains a r	esponse or note to a	ny line in this Part III .		🗹
1	Briefly	describe the organization's missi				
THEI 11, 2 BABI INAU	R CARE 017, TH ES CAN GURAL	GIVERS WITH COMPASSIONATE, HE ORGANIZATION'S PURPOSE IS RECEIVE INTEGRATIVE CARE AN	EVIDENCE-BASED CA TO OFFER A SAFE A D THERAPEUTIC SUP AL AND POSTPARTUN	ARE THAT CHANGES TH ND INCLUSIVE SPACE V PORT THAT OFFERS EA 1 SUPPORT GROUPS, IN	CATED TO EMBRACING SUBSTANCE E COURSE OF THEIR ENTIRE LIVES WHERE MOTHERS, FATHERS, FAMIL' CH CHILD THE BEST POSSIBLE LIFE IPATIENT NURSERY SERVICES AND D NOVEMBER 2020.	FORMED ON AUGUST MEMBERS AND OUTCOMES. THE
2	Did th	e organization undertake any sigr	nificant program serv	ices during the year wh	ich were not listed on	
-		ior Form 990 or 990-EZ?		ices during the year wit	ien were not nated on	☐ Yes ☑ No
		s," describe these new services or				La les La No
3		e organization cease conducting,		hanges in how it condu	cts any program	
•	servic	es?			· · · · · · ·	☐ Yes ☑ No
		s," describe these changes on Sch				
4	Sectio		zations are required	to report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code: See Ad	) (Expenses \$ ditional Data	583,622	including grants of \$	) (Revenue \$	13,950 )
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		program services (Describe in Sc				
	(Expe	nses \$	including grants of s	\$	) (Revenue \$	)
4e	Total	program service expenses 🕨	583,62	22		

18

19

20a

20b

21

Nο

Nο

Νo

Nο

Form **990** (2020)

Form	990 (2020)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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19

orm	990 (2020)			Page <b>4</b>
Par	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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

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

Yes

14

1a

1b

No

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
C 14a	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INU
	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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

01111	330 (2	020)			rage (
Pa	rt VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines ✓
Se	ction	A. Governing Body and Management			
_				Yes	No
1a		the number of voting members of the governing body at the end of the tax year 15			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 14			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	e organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	e organization have members or stockholders?	6		No
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing:			
а	The g	overning body?	8a	Yes	
b	Each (	committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	e Code	_	
				Yes	No
		e organization have local chapters, branches, or affiliates?	10a	Yes	
	and b	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	form?		11a	Yes	ı
		ibe in Schedule O the process, if any, used by the organization to review this Form 990			
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflic		12b	Yes	
	Sched	e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in fule O how this was done	12c	Yes	
13		e organization have a written whistleblower policy?	13	Yes	
14		e organization have a written document retention and destruction policy?	14	Yes	
15	perso	e process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		rganization's CEO, Executive Director, or top management official	15a		No
b		officers or key employees of the organization	15b		No
		s" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	taxab	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	in joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?			
		<u> </u>	16b		
<u>Se</u> 17		C. Disclosure  de states with which a copy of this Form 990 is required to be filed▶			
18	Section	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
		wn website $\square$ Another's website $ ot = \square$ Upon request $\square$ Other (explain in Schedule O)			
19	Descr	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: GIE BURKE 2473 SOUTH HIGLEY ROAD 104 GILBERT, AZ 85295 (480) 628-7500			
			F	orm <b>99</b>	0 (2020

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII  $\,$  . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or 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 no		ganizai I	LION C			ateu a	тту с			
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related		ne b	ox, in of tor/t	t ch unle fice rust	ss pers r and a :ee)	son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	ow dotted   욜롱   육   중 🚡   용료   광		MISC)	MISC)	related organizations				
(1) TARA SUNDEM	40.00									
EXECUTIVE DI		×		Х				121,635	0	C
(2) JOHN ANDREWS	24.00	l								
CFO & COO		×		Х				0	0	(
(3) MIKE BRINKLEY DIRECTOR	0.50	×						0	0	(
(4) JOYCE BULMAN VICE PRESIDE	1.00	х		х				0	0	(
(5) JIM BURKE SECRETARY	1.00	х		х				0	0	C
(6) MARGARET BURKE TREASURER	1.00	x		х				0	0	C
(7) BRANDON CLARK PRESIDENT	1.00	х		х				0	0	(
(8) SUSAN CORDTS DIRECTOR	0.50	х						0	0	(
(9) MELISSA DELANEY DIRECTOR	0.50	х						0	0	(
(10) anne garrett Director	0.50	х						0	0	(
(11) BETH KOHLER DIRECTOR	0.50	х						0	0	(
(12) MARC LATO DIRECTOR	0.50	х						0	0	(
(13) MICHAEL MORTON DIRECTOR	0.50	х						0	0	(
(14) CONNIE PEREZ DIRECTOR	0.50	х						0	0	(
(15) BETH SCARANO DIRECTOR	0.50	х						0	0	(
(16) LESLEY WIMMER DIRECTOR	0.50	х						0	0	(

Part VII

Page 8

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, ι in of	t ch inle: ficer	eck moss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-		(E) Reportable compensatio from related organization	n d s	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(/1099- ISC)	(W-2/1099- MISC)		organizati relate organiza	ed
												+		
												+		
												+		
												+		
												$\top$		
												$\perp$		
	Sub-Total						<b>▶</b>					_		
	Total (add lines 1b and 1c)	•			Ċ		•			121,635		+		
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bov	e) who	rece	eived mo	re than \$	5100,000			
													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	еу е •	mpl	oyee,	or hi	ghest cor	mpensate	ed employee on	3		No
4									om the	4		No		
5	Did any person listed on line 1a recei services rendered to the organization		•						_			5		No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization. Report compe											mpen	sation	
	Name a	(A) and business addre	ess							De	(B) scription of services		(C) Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$ 

		Statement	of F	Pavanus						Page <b>9</b>
Part	VIII				respo	onse or note to anv	line in this Part VIII			🗆
		and a series		223610 4			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10 £	<b>1</b> a	Federated campaig	gns	1	.a			revenue		312 314
Gifts, Grants ilar Amounts	b	Membership dues		. 1	.b					
s, Gr Amo		Fundraising events		<u> </u>	l.c					
Sifts lar		Related organization Government grants (o			.d .e	840,052				
ons, Gift Similar		All other contributions	s, gift	ts, grants,	.e	840,032				
Contributions, and Other Sim		and similar amounts i above	not ir	ncluded	Lf	823,803				
를 음	g	Noncash contributions lines 1a - 1f:\$	s incl	l l	.g					
Contributic and Other	h	Total. Add lines 1a	a-1f			•	1,663,855			
						Business Code				
4:	2a	HEALTH CARE SERVIO	CES			621110	13,950	13,950		
enue	١.					+				<u> </u>
Program Service Revenue	b									
vice	c									
<b>₩</b>	d									
Jran						†				
δ	e									
	f	All other program	serv	rice revenue.						
	⊢	Total. Add lines 2 Investment income				13,950	1	Τ	<u> </u>	
	s	imilar amounts) .	•			•	2,183			2,183
		Income from invest Royalties		nt of tax-exen	npt bo	ond proceeds <b>&gt;</b>				
		Noyalties I I I	r i	(i) Real	•	(ii) Personal				+
	6a	Gross rents	6a				1			
		Less: rental					1			
		expenses Rental income	6b				-			
		or (loss)	<b>6</b> c				1			
	d	Net rental income	or (			(ii) Other				
	7a	<b>7a</b> Gross amount				(II) Other	+			
		from sales of assets other	7a							
	Ь	than inventory  Less: cost or	<u> </u>				1			
		other basis and sales expenses	7b							
	c	Gain or (loss)	7c							
	d	Net gain or (loss)	•							
<u>e</u>	8a	Gross income from fu (not including \$		of						
€ F		contributions reported See Part IV, line 18	d on	line 1c).	8a					
Other Revenue	b	Less: direct expen	ses		8b		-			
her	c	Net income or (los	s) fr	om fundraisii	ng ev	ents	<u></u>			
ō	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19	٠		9a					
		Less: direct expen Net income or (los			9b ctivit	ies	J			
		The means of (100	, <b>3</b> , 11	om gammig a		les <b>&gt;</b>				
	10a	Gross sales of inve returns and allowa	entor	ry, less s	10a					
	b	Less: cost of good	s sol	ld	10b		1			
	c	Net income or (los			nvent		_			
	11	Miscellaneo <b>a</b> OTHER	us R	evenue		Business Code 621110	353	353		
	-	STILL								
	b	,								
	c									
		All all								
		All other revenue   <b>Total.</b> Add lines 1				•				
		Total revenue. S					353			
			JU 11	.50, 400,0115	•	· · · · •	1,680,341	14,303		2,183

form 990 (2020)				Page <b>1</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	amplete all columns	All other organization	ns must complete colu	mn (A)
Check if Schedule O contains a response or note to an		_		mn (A).
Oo not include amounts reported on lines 6b, (b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	·	expenses	general expenses	expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,634	74,709	29,723	17,20
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	494,730	303,869	120,893	69,96
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	16,864	10,540	4,469	1,85
<b>10</b> Payroll taxes	42,578	26,611	11,283	4,68
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	2,008	605	1,335	6
c Accounting	2,350	709	1,562	7
d Lobbying	2,555	,	-,	
e Professional fundraising services. See Part IV, line 17				
			-	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
L2 Advertising and promotion				
.3 Office expenses	12,904	10,514	462	1,92
<b>.4</b> Information technology				
<b>.5</b> Royalties				
L6 Occupancy	97,210	68,334	27,704	1,17
L <b>7</b> Travel	4,118	1,627	1,845	64
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
L9 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,804	18,804		
23 Insurance	22,218	13,405	8,739	7
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL SERVICES	59,480	17,950	39,531	1,999
b DIRECT PROGRAM EXPENSES	31,280	31,280		
c MARKETING	5,273	4,665	38	57
d BANK AND CREDIT CARD FEES	3,001			3,00
e All other expenses				
Total functional expenses. Add lines 1 through 24e	934,452	583,622	247,584	103,24
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 (B)

End of year

Page **11** 

894.055

306.314

13.950

55.000

91.531

935,808

55.006

2,351,664

135.276

300.000

116,550

551.826

1,139,874

1,799,838

2,351,664

Form 990 (2020)

659,964

# Check if Schedule O contains a response or note to any line in this Part IX . . .

Cash-non-intere

est-bearing . . . . . . Savings and temporary cash investments . . . .

Pledges and grants receivable, net . . . . Accounts receivable, net .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 

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 . . . Inventories for sale or use . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Grants payable .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

10a

10b

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Less: accumulated depreciation Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

954,612 Investments—program-related. See Part IV, line 11 .

18,804 **Total assets.** Add lines 1 through 15 (must equal line 33) .

Beginning of year

579.404

72.545

2

3

4

5

6 7

8

9

10c

22 23

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114,904

939.045

1,053,949

1,053,949

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3h Form 990 (2020)

### Additional Data

Software ID:

Software Version: **EIN:** 82-2737849

Name: HUSHABYE NURSERY

Form 990 (2020)

Form 990, Part III, Line 4a: HUSHABYE NURSERY.INC. (THE "ORGANIZATION") IS A NONPROFIT CORPORATION DEDICATED TO EMBRACING SUBSTANCE EXPOSED BABIES AND THEIR CAREGIVERS WITH COMPASSIONATE, EVIDENCE-BASED CARE THAT CHANGES THE COURSE OF THEIR ENTIRE LIVES. FORMED ON AUGUST 11, 2017, THE ORGANIZATION'S PURPOSE IS

TO OFFER A SAFE AND INCLUSIVE SPACE WHERE MOTHERS, FATHERS, FAMILY MEMBERS AND BABIES CAN RECEIVE INTEGRATIVE CARE AND THERAPEUTIC SUPPORT THAT OFFERS EACH CHILD THE BEST POSSIBLE LIFE OUTCOMES. THE INAUGURAL PROGRAMS, INCLUDING PRENATAL AND POSTPARTUM SUPPORT GROUPS, INPATIENT NURSERY SERVICES AND OUTPATIENT THERAPIES, COMMENCED OPERATIONS IN A NEWLY RENOVATED 12-BED FACILITY IN MID NOVEMBER 2020.

efil	e GR	APHIC prii	nt - DO NOT PROCESS	As Filed Data -		DLN: 9	DLN: 93493245004121				
SCI	HED	ULE A	- Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2020			
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	<del>nie Service</del> <b>he organiza</b> URSERY	tion				Employer identific	ation number			
110311	ADIL N	OKSEKI					82-2737849				
	rt I		for Public Charity State				See instructions.				
1 1	organiz		a private foundation because	•	•		(A)(:)				
		·	onvention of churches, or as								
2			scribed in section 170(b)(		`	, ,					
3		·	or a cooperative hospital serv	_			-				
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:									
5		-	ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>			
6			tate, or local government or	_							
7	<b>✓</b>		ation that normally receives ( <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	nit or from the gener	al public described in			
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. S					ege or university or a			
10		from activit investment	ation that normally receives: lies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a				
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar							
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its			
d		Type III n functionally	on-functionally integrate integrated. The organizations). You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiver or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter		• • • • • • • • • • • • • • • • • • • •		-		<u> </u>				
g	Provi	de the follow	ing information about the su	pported organization(	s).						
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No					
Tota			tion Act Notice, see the I		Cat. No. 11285			 90 or 990-EZ) 2020			

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.	)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► 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						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04( )(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and <b>stop here</b>					<u></u>	<u>▶⊔</u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,	•	• •	17	
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

5a

5b

5c

6

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8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Vec No

				'''	
L	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1			
,	Did the organization have any supported organization that does not have an IRS determination of status under section 509		-		
2	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described				
	in section 509(a)(1) or (2).	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.	3a			
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.				
ŧa	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				

acternment.	3b				
Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
If tes, explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с				
Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
cnecked box 12a or 12b in Part 1, answer lines 4b and 4c below.					
Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b				
Did the organization support any foreign supported organization that does not have an IRS determination under sections					
			<del>                                     </del>		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  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.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	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.  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.  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.  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	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.  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.  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.  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 When I would in the Board MT what control a the consensation must be also be account on the control of the			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
С	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 <b>Part VI</b> 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.	4c		

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с			
4a	ny 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.	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.				
С	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 <b>Part VI</b> 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.	4c			
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 <b>Part VI</b> , 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Ċ	art IV Supporting Organizations (continued)		_	1		
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c belo	w, the				
	governing body of a supported organization?	11a				
h	b A family member of a person described in 11a above?	11b	+			
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in					
C	VI.	Part 110				
S	Section B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regula appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No, describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organizatio activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, applied to such powers during the tax year.	n's				
		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) to					
operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing succarried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			+			
	organization.	2				
_	Costion C. Tuno II Cumportino Ouropinations					
	Section C. Type II Supporting Organizations		Yes	No		
			res	NO		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
-	Section D. All Type III Supporting Organizations	<u> </u>		l		
	Section D. All Type III Supporting Organizations		Yes	No		
_	Did the consideration moved to the control of the c	±: / -	163	NO		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organizatax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a cop 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?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization					
	maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a signific	-				
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all ti during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this ro	mes				
S	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 in	nstructions)	:			
	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.					
	—					
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government ent	ity (see instru	uctions)			
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supportune organizations and explain</b> 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>b</b> Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more o organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization(s) would have engaged in these activities but for the organization(s) would have engaged in these activities but for the organization organization or the org	ne				
3		20				
	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 ethe supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .					
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	; 2h				

	Recoveries of prior-year distributions			
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		

tax year or assets held for part of year):	1		
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
	tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt use assets  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt use assets  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  I Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  3  I and Average monthly value of securities  1b  Average monthly value of securities  1c  1c  1d  1d  1d  1d  1d  1d  1d  1d	tax year or assets held for part of year):  Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt use assets  2  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  3  1  1  1  1  1  1  1  1  1  1  1  1

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2020

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Income tax imposed in prior year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

<b>7 Total annual distributions.</b> Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions				
9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions				8	
9 Distributable amount for 2020 from Section C, line 6				9	
10 Line 8 amount divided by Line 9 amount				10	
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
<b>b</b> From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	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 explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>\$</b>		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
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).
	Facts And Circumstances Test

SCHEDULE D

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990,

OMB No. 1545-0047

DLN: 93493245004121

**2020** 

(Form 990)

Janas	rtment of the Treasury		l0, 11a, 11b, 11c, 11d, 1 ▶ Attach to Form 990.	1e, 11f, 12a, or	12b.	Oper	to Public
	nal Revenue Service	▶ Go to <u>www.irs.gov/Forn</u>		l the latest infor	mation.		spection
	me of the organ	ization			Employer ide	ntification	number
HUS	SHABYE NURSERY				82-2737849		
Pā	art I Organi:	zations Maintaining Donor Advi	sed Funds or Other Si	milar Funds o	r Accounts.		
	Comple	te if the organization answered "Ye			(I-) F I		
1	Total number at	end of year	(a) Donor advise	a runas	(b) Funds	and other	accounts
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ation inform all donors and donor adviso	re in writing that the assets	held in donor adv	viced funds are		
3		roperty, subject to the organization's ex					Yes 🗆 No
6	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor 	or donor advisor, or for an	y other purpose c			
В-	<u> </u>						Yes □ No
Pa		vation Easements. te if the organization answered "Ye	s" on Form 990. Part IV	, line 7.			
1		onservation easements held by the orga	·				
	☐ Preservation	on of land for public use (e.g., recreatio	n or education)	reservation of an	historically impo	ortant land a	area
		of natural habitat	· _	reservation of a c			
		on of open space					
2	Complete lines 2	2a through 2d if the organization held a e last day of the tax year.	qualified conservation cont	ribution in the for		tion t the End o	f the Vest
а		conservation easements			2a	t the Life o	i the real
b		stricted by conservation easements		L L	2b		
c	_	ervation easements on a certified histori			2c		
d	Number of conse	ervation easements included in (c) acqu n the National Register	` '	L	2d		
3	Number of consetax year ▶	ervation easements modified, transferre	ed, released, extinguished, o	or terminated by t	he organization:	during the	
4	Number of state	es where property subject to conservation	on easement is located <b>&gt;</b>				
5		zation have a written policy regarding t at of the conservation easements it hold			of violations,	☐ Yes	□ No
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations	, and enforcing co	nservation ease	ments durin	g the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and	enforcing conserv	ation easement	s during the	year
8	Does each conse	 ervation easement reported on line 2(d)	above satisfy the requirem	ents of section 17	'0(h)(4)(B)(i)		
		(h)(4)(B)(ii)?			. // //-///	☐ Yes	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organization				
Pai		zations Maintaining Collections te if the organization answered "Ye			er Similar As	sets.	
1a	historical treasu	on elected, as permitted under FASB As res, or other similar assets held for pub xt of the footnote to its financial statem	lic exhibition, education, or	research in furthe			
b	historical treasu	ion elected, as permitted under FASB As ires, or other similar assets held for pub nts relating to these items:					
(	(i) Revenue includ	led on Form 990, Part VIII, line $oldsymbol{1}$			<b>&gt;</b> \$		
(	ii)Assets included	in Form 990, Part X			▶\$		
2	If the organizati	ion received or held works of art, histori nts required to be reported under FASB	cal treasures, or other simil	lar assets for finar		le the	
а	Revenue include	ed on Form 990. Part VIII. line 1			▶\$		

Par	t III	Organizations Maintaining Col	lections of Art, I	listori	cal Tr	easure	s, or Oth	er Similar A	ssets (contin	ued)
3		g the organization's acquisition, accessions (check all that apply):	n, and other records,	check a	any of	the follo	wing that ar	e a significant	use of its colle	ection
а		Public exhibition		d		Loan or	exchange p	programs		
b		Scholarly research		е		Other				
c		Preservation for future generations								
4		ride a description of the organization's col XIII.	lections and explain	how the	y furth	er the o	rganization'	s exempt purpo	ose in	
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						□ No			
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, line	9, or repo	orted an amo	unt on Form	990, Part
1a		ne organization an agent, trustee, custodi ided on Form 990, Part X?							☐ Yes	□ No
b	If "Y	es," explain the arrangement in Part XIII	and complete the fo	llowina	table:				Amount	
c		nning balance	•	_			1c			
d	_	itions during the year					<u> </u>			<del></del>
e		= ·								
		ributions during the year					<u> </u>			
f	Endi	ng balance								
<b>2</b> a	Did 1	the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	or custo	dial accoun	t liability?	☐ Yes	□ No
b	If "Y	es," explain the arrangement in Part XIII	. Check here if the e	xplanati	on has	been pr	ovided in Pa	art XIII	. 🗆	
Pa	ırt V									_
		Complete if the organization answ	vered "Yes" on For	m 990	, Part	IV, line	10.			
			(a) Current year	<b>(b)</b> P	rior yea	(c)	Two years ba	ack <b>(d)</b> Three ye	ars back (e) Fo	our years back
<b>1</b> a	Begin	ning of year balance								
b	Contri	ibutions								
c	Net in	vestment earnings, gains, and losses								
d	Grant	s or scholarships								
е		expenditures for facilities rograms								
f	Admir	nistrative expenses								
g	End o	f year balance								
2	Prov	ride the estimated percentage of the curr	ent year end balance	(line 1	g, colur	nn (a)) ł	held as:			
а	Boar	rd designated or quasi-endowment 🕨								
h	Pern	nanent endowment ►								
		n endowment ▶								
С		percentages on lines 2a, 2b, and 2c shou	uld oqual 100%							
За		there endowment funds not in the posses	· ·	ion that	are he	ald and a	dministere	d for the		
Ju		inization by:	ssion of the organizat	ion that	. are no	na ana a	diministered	a for the	Г	Yes No
	(i) U	Jnrelated organizations							3a(i)	
	(ii)	Related organizations							3a(ii)	
b	If "Y	es" on 3a(ii), are the related organization	ns listed as required	on Sche	dule Ri	·			. 3b	
4	Desc	cribe in Part XIII the intended uses of the	organization's endo	wment f	unds.					<u> </u>
Pa	rt VI	Land, Buildings, and Equipme	nt.							
		Complete if the organization answ							art X, line 10	
	Desci	ription of property (a) Cost or oth (investme		or other	basis (c	ther) (	c) Accumulat	ed depreciation	( <b>d)</b> Boo	ok value
1a	Land									
b	Buildi	ngs								
		hold improvements			85	1,088		14,238		836,850
		ment				4,239		3,272		60,967
						9,285		1,294		37,991
		il lines 1a through 1e. (Column (d) must o	equal Form 990 Part	X. colu		' I	(c).) -	<b>*</b>		935,808
	Auu	. mics ta uniough te. (Column (u) must (	-quai i oiiii 930, rail	A, COIU	( <i>b)</i>	, 11110 10	(~/-/ • •	F	<u> </u>	933,808

	(a) Description of security or category			
	(including name of security)	(b) Book value	(c) Metho Cost or end-of	d of valuation: -year market value
	I derivatives			
Other				
l				
)				
)				
1				
al. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
	Investments—Program Related.		o 11c See Ferry 222	Part V line 12
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, III	(b) Book value	(c) Method of valuation: Cost or end-of-year mark
				value
)				
	4)			
I. (Colum rt IX	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<b>▶</b>	
	Complete if the organization answered 'Yes' on Form 990, P  (a) Description	Part IV, lin	e 11d. See Form 990, Pa	t X, line 15.  (b) Book value
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lind	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	art IV, line	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lind	9 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, line	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, line	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, line	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, line	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, line	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, line	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, line	e 11d. See Form 990, Pa	
	Complete if the organization answered 'Yes' on Form 990, P  (a) Description			(b) Book value
) al. (Colu	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.			(b) Book value
al. (Colu	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P			(b) Book value
al. (Colu	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
II. (Colu	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
art X Federal	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
nl. (Colu	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
art X Federal	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
) al. (Colu art X	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
art X Federal	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
art X Federal	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
art X Federal	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
II. (Colu	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability			(b) Book value
Federal	Complete if the organization answered 'Yes' on Form 990, P  (a) Description  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability		e 11e or 11f.See Form	(b) Book value

1

2

b

3

2

а

Page 4

2e

2e

b	Other (Describe in Part XIII.) 4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.) .		5
Par	Reconciliation of Expenses per Audited Financial Statements		turn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, I	ne 12a.	
1	Total expenses and losses per audited financial statements		1

2a

2h

2c

2d

4a

2a

2b

2c 2d

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25: 

Add lines 2a through 2d . . . . .

Donated services and use of facilities . . . . .

Other (Describe in Part XIII.)

Recoveries of prior year grants . . . . . .

3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b b Add lines **4a** and **4b** . . . . . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

### 5

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.

Return Reference Explanation

Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2020

efile GRAPHIC p	rint - DO NOT PROCESS	DLN: 93493245004121		
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	OMB No. 1545-0047  2020  Open to Public Inspection			
Namel Betherofgamiza HUSHABYE NURSERY 990 Schedule O, :	Supplemental Information	Employer identification number 82-2737849		
Return Reference	Explanation			
FORM 990 - ORGANIZATION'S MISSION	RGANIZATION'S NG SUBSTANCE EXPÓSED BABIES AND THEIR CAREGIVERS WITH COMPASSIONATE, EVIDENCE-BASED CARE T			

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE FINANCE COMMITTEE REVIEWS THE 990 AND MAKES A RECOMMENDATION TO THE BOARD.

PART VI,
LINE 11B

Return
Reference

EXPLANATION

EXPLANATION

EXPLANATION

FORM 900 BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN A DISCLOSURE STATEMENT ANNUALLY

990 Schedule O, Supplemental Information

LINE 12C

FORM 990, BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN A DISCLOSURE STATEMENT ANNUALLY.
PAGE 6,
PART VI.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, VIA EMAIL UPON REQUEST. PAGE 6, PART VI,

LINE 19