Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2019 cal	endar year, or tax ye	ar beginning		, and	d ending				
		pplicable:	C Name of organization	Cradle of Hope)			D Employer	identificati	ion number	
	Address o	hange	Doing business as								
			Number and street (or	P.O. box if mail is not	delivered to street addres	s) Room/suite	е	23-7349015			
	Name cha	lame change 1970 Oakcrest Avenue 104 E Telephone number						number			
	nitial retu	m	City or town		State	ZIP code		651-636-06	37		
П.	Taal satura	/terminated	Roseville		MN	55113					
_	-mai return	rterminated	Foreign country name	Foreign	province/state/county	Foreign po	stal code	0 0	ainta C	760,	268
	Amended	return					and personal	G Gross reco	elpts \$		-
	Applicatio	n pending	F Name and address of	principal officer:			H(a) Is	this a group return f	or subordinate	es? Yes X	No
lane.			Ryan Kaplan 1970	Oakcrest Avenue	Suite 104, Rosevill	e, MN 55113	H(b) A	re all subordinate	es included?	X Yes	No
	_							"No," attach a lis	st. (see instr	ructions)	
1		npt status:		71(C) ()	(IIISEIT IIO.) 4947	(a)(1) 01 3	-				
J	Website	: WW	w.cradleofhope.org					roup exemption			
K	Form of	organization	n: X Corporation	Trust Associa	tion Other	L	Year of form	nation: 1974	M State	e of legal domicile:	MN
	art I	Su	mmary								
	1		lescribe the organiza	tion's mission or	most significant acti	vities: C	radle of h	lope encoura	iges life b	by providing	
9		financia	I and material assista	ance to women ar	nd babies in crisis, e	specially tho	se womer	who			
Governance		might no	ot choose life becaus	se of financial pre	ssures.						
le l	2		his box ▶ if the			ions or dispos	sed of mo	re than 25%	of its net	assets.	
8	3	Number	r of voting members	of the governing b	ody (Part VI, line 1:	a)			3		11
රේ	4	Numbo	r of independent voti	na members of th	e governing body (F	Part VI, line 1	b)		4		11
8	5		umber of individuals						5		4
Activities	6		umber of volunteers (6		195
Ct			nrelated business rev						7a		0
4	7a		elated business taxa						7b		0
	b	Net uni	elateu Dusiliess taxa	Die income nom	OHH 330-1, MIC 33		<u> </u>	Prior Year		Current Year	
	8	Contrib	utions and grants (Pa	art VIII line 1h)				71	7,436	739	,194
Revenue	9		n service revenue (P						0		0
Ver	10		nent income (Part VII						9,295	9	9,090
8	11		evenue (Part VIII, co						0		0
	12		venue—add lines 8 th					72	6,731	748	3,284
	13		and similar amounts						5,871		3,361
	14		s paid to or for memb						0		0
10			s, other compensation,					18	2,163	189	9,636
9	16a		sional fundraising fee						0	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	0
Expenses	b		indraising expenses	(3)		101,					
ă	17		expenses (Part IX, co					11	1,545	98	3,587
	18		xpenses. Add lines 1						9,579		1,584
	19		ue less expenses. Su						2,848		6,700
- i		1104011	ac 1000 experiodo. et	ibilati mio io noi				nning of Curren		End of Year	
ets	20	Total a	ssets (Part X, line 16	()					7,639	348	8,719
Ass	21		abilities (Part X, line						1,910		6,290
Net Assets or	22		sets or fund balances	,					5,729		2,429
5700-257	art II		gnature Block	77 0000100011110 = 1							
			iry, I declare that I have ex	amined this return, incl	uding accompanying sch	edules and staten	nents, and to	the best of my k	nowledge		
and	d belief, it	is true, con	rect, and complete. Declara	ation of preparer other		all information of	which prepa	rer has any know	vledge.		
Si	gn		Thi	1. 1) wif				1	0/12/2020	
	ere	7	Signature of officer					Date			
	0.0		Brian T. Dobie				Treasurer				
_			Type or print name and	title	T					T	
-		Pri	int/Type preparer's name		Preparer's signature			ate	Check	7 if PTIN	
P		1					1	1	Latere	-	
	aid							1	self-employ	/ed	
P	repare	1	m's name					7		/ed	
P		y Fir	m's name					Firm's EIN		/ed	
U	repare se Onl	ly Fir	m's name m's address ms this return with the		shove?/see institu	otiona)		Firm's EIN Phone no.	>		√ No

ASSESSED NO.	90 (2019)	Cradle of Hope	23-7349015	Page 2
Pai	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission:		
	Cradle o	f Hope encourages life by providing financial and material assistance to women and		
		crisis, especially those women who might not choose life because of financial		
	pressure	S.		
2	Did the	rganization undertake any significant program services during the year which were not listed on		NOTE OF THE PARTY
	the prior	Form 990 or 990-EZ?	Yes	X No
	If "Yes,"	describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	services	?	Yes	X No
4	Describe	describe these changes on Schedule O.		
7	expense	the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	s, as measured by	
	the total	expenses, and revenue, if any, for each program service reported.	locations to others,	
4a	(Code:) (Expenses \$ 467,548 including grants of \$ 377,105) (Revent	Je \$)
	Rent/Mo	rigage Assistance for pregnant women and mothers with nifants up to four months: In 2019		
	466 Wor	ien were assisted when pregnancy-related financial challenges threatened theri stability		
	henefits	omelessness and eviction were prevented. This critical program has immeasurable health		
	20110110	for both mother and child by providing shelter and promoting full term pregnancies.		
4b	(Code:) (Expenses \$ 124,680 including grants of \$ 100,561) (Revenue	ue \$	1
	Cradle o	Mode's Safe Slumber provides safe sleep education and distributes nortable cribs to		
	elisule (lat every paby has a safe place to sleep. In 2019, 2,381 portable cribs were distributed		
	unough	of this area of this program, intant Mortality rates decrease. Mothers learn		
	SIDS (S	es to prevent accidental suffocation and strangulation in bed and how to lower the risk of udden Infant Death Syndrome). They are equipped to provide a safe sleep environment for		
	their bab	ies, suess is alleviated, and they become more honeful about their futures		
		the state of the s		
4c	(Code:) (Expenses \$ 31,170 including grants of \$ 25,140) (Revenue	le \$	1
	THE TAND	programs listed above are our most significant programs. The remainder of our program)
	Child	supported 224 families in crisis with the following needs: Utilities, Medical Costs,		
	Child Ca	re, Baby Shower Baskets, and Transportation.		
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	*********
4d	Other pr	ogram services (Describe on Schedule O.)		
	(Expens	©S\$ 0 including grants of \$ 0.) (Revenue \$	0)	
40	lotal pro	gram service expenses > 623 308		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2		1	X	TO ASSESSEDANCE OF THE PARTY OF
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
J	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
	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		X
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			
7	"Yes," complete Schedule D, Part I	6		X
,	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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes "	-		
9	complete Schedule D. Part III	8		X
3	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		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		^
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Χ
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	116		
	or its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	-	X
u	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.			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes " complete Schedule D. Part Y.	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tay year? If "Yes " complete		\neg	-
h	Schedule D, Parts XI and XII.	12a		Χ
2	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
	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.	4.41		.,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	4E		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	X
17	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16	o de la companya de l	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX column (A) lines 6 and 1162 if "You" complete Set of the C. D. Assistance of the column (B) lines 6 and 1162 if "You" complete Set of the C. D. Assistance of the column (B) lines 6 and 1162 if "You" complete Set of the C. D. Assistance of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" complete Set of the column (B) lines 6 and 1162 if "You" c			-
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	_	X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II	40	and the same of th	V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9.22	18	\dashv	X
0.0	n res, complete schedule G, Part III	19	-	X
2Ua	bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\neg \uparrow$	X
U	The statements to the organization attach a copy of its audited financial statements to this return?	20b	-	//
21	Did the diganization report more than \$5,000 of grants or other assistance to any domestic organization or		+	-
TO DESCRIBE OF	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
		The Park of the Park	- AND DESCRIPTION OF THE PARTY	

Form 9	990 (2019) Cradle of Hope 23	3-7349	9015	0	age 4
Par	Checklist of Required Schedules (continued)	-	0010	THE PERSON NAMED IN	age
		-		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	X	
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				
04-	employees? If "Yes," complete Schedule J		23		X
248	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				
h	24b through 24d and complete Schedule K. If "No," go to line 25a		24a		X
2	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt honds?				
d	to defease any tax-exempt bonds?		24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		24d		├
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		25a		X
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or				
	990-EZ? If "Yes," complete Schedule L, Part I		0.51		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		25b	-	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		20		1^
	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				1
	persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.				1
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	If"Yes," complete Schedule L, Part IV.		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV		28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
00	If"Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
31	conservation contributions? If "Yes," complete Schedule M	.	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
JZ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?				
33	If "Yes," complete Schedule N, Part II.		32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		33	-	X
	Ill, or IV, and Part V, line 1				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		35a		X
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		300	-	
	organization? If "Yes," complete Schedule R, Part V, line 2		36		V
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	.	30		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and				
D	197 Note: All Form 990 filers are required to complete Schedule O		38	Χ	
Far	Statements Regarding Other IRS Filings and Tax Compliance			The state of the s	
	Check if Schedule O contains a response or note to any line in this Part V				
4.0				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				
Epotonic man	gaming (gambling) winnings to prize winners?		1c	Χ	

Par	Statements Regarding Other IPS Filings and Tay Compliance (continued)	9015	P	age t
	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		Yes	No
	Statements filed for the colondary and and the colon of t			
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 <i>e-file</i> . (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country	4a		X
	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?	-		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		-
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
	gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	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?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
	required to file Form 8282?	-		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/n		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds,	0		-
a	Did the sponsoring organization make any taxable distributions under section 49662	9a		
b	bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	-
10	Section 501(c)(r) organizations. Enter:	0.0		Per Calaboration
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
12a	against amounts due or received from them.)			
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.			
U	Enter the amount of reserves the organization is required to maintain by the states in which		-	
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a		X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year			
	excess parachute payment(s) during the year	15		X
16			-	
. 0	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2019) Cradle of Hope			
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	49015	Р	age 6
HOLD SHIP VIOLES	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O. contains	a IVO		,
	Check if Schedule O contains a response or note to any line in this Part VI	see in	struct	
Sect	ion A Governing Body and Management	, ,	, ,	X
0001	tion A. Governing Body and Management			
12	Enter the number of veting results as of the		Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year 1a 1	1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an experience of the governing body.			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b				
2	Enter the number of voting members included on line 1a, above, who are independent 1b			
40	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		X
J	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	bid the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	blo the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	bid the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	12		
	the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached	00	^	-
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (odo	1	^
	, and the man and	Joue.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	^	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ves."	120	^	************
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	^	X
14	Did the organization have a written document retention and destruction policy?	14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by	1-7	-	^
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		~
b	Other officers or key employees of the organization	15b	-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	-	^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	40-		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		Apparatus	
	the organization's exempt status with respect to such arrangements?	16b	out of	
Secti	ion C. Disclosure	1001		
17	List the states with which a copy of this Form 990 is required to be filed ► MN		-	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable) 990 and 990-T (Section	501(0)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. (0)		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	icy.		
	and financial statements available to the public during the tax year.	7.5		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	>		
	Darlene Kopesky 651-636-3127			
	1970 Oakcrest Avenue, Suite 104, Roseville, MN 55113			

Form 990 (2019)	Cradle of Hope 23-7349015	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	Page 1
	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

	(C) Position									
(A) Name and title	(B) Average hours	box,	unies er an	neck ss pe	more	is both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Laurie Murphy President	2.00	Х		X				0	_	
(2) Joseph Kueppers	2.00			^			-	U	0	0
Vice President	0.00	X		X				0	0	0
(3) Brian Dobie	2.00								0	0
Treasurer	0.00	X		Χ				0	0	0
(4) Amanda Meyer	2.00									
Secretary	0.00	X		X				0	0	0
(5) Kevin Brett	2.00									
Director	0.00	X						0	0	0
(6) Ryan Kaplan	2.00									The second secon
Director (7) Laitifah Kribedda	0.00	X						0	0	0
Director	2.00									
(8) Alli Naithani	0.00	X		_			_	0	0	0
Director	2.00	V								
(9) Shawn Smith	2.00	X		-	_		-	0	0	0
Director	0.00	Χ					1			
(10) Megan Voelke	2.00	^		-			-	0	0	0
Director	0.00	Х					-			
(11) Sharieka Young	2.00	^		-	-		+	0	0	0
Director	0.00	Х		-				0	0	0
(12)							1		0	0
(13)										
(14)							1			
		Children or the Control of the Contr								

SEASON SEE	990 (2019) Cradle of Hope				-					23-73	49015	P	age 8
	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated En	ployees (conti	nued)		and the same
					(4	C)							
	(A)	(B)	(do r	not ch	neck	ition more	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours	box,	unles	ss pe	rson	is both	an	Reportable	Reportable	1	nated am	ount
		per week		1		recto	or/trust	ee)	compensation from the	compensation from related	1	of other	. n
		(list any hours for	rdin	situ	Officer	Кеу е	ighe	Former	organization	organizations		from the	
		related	dual	tiona	7	employee	st cc	Je	(W-2/1099-MISC)	(W-2/1099-MISC)		nization i	
		organizations below	Individual trustee or director	tru		уее	mpe						
		dotted line)	ee	Institutional trustee			Highest compensated employee						
							ted						
(15)												-	-
(16)													
(10)													
(17)											-		-
(18)											+		
							ngservanninge						
(19)											_		
								and the contract of					
(20)													
(21)								-					
-12.													
(22)								-			-		
-													
(23)								and the same					-
(24)													
(24)													
(25)											-	Walter Company	
1b	Subtotal							•	0	0		-	
C	Total from continuation sheets to Part VII, Se	ection A							0	0	THE OWNER WHEN	The State of the S	0
d	Total (add lines 1b and 1c).								0	0	-		0
2	Total number of individuals (including but not lin	nited to those lis	ted a	bov	e) w	/ho	receiv	ved	more than \$100	,000 of	-	-	
-	reportable compensation from the organization	>				-		-					0
3	Did the organization list any former officer, dire	otor trioton ka				1-						Yes	No
	employee on line 1a? If "Yes," complete Sched	ule J for such inc	dividu	al	ee,	or n	ignes	T CC	mpensated				
4	For any individual listed on line 1a, is the sum of					 ad a	thor.		monastiau fram		3	-	X
	the organization and related organizations great	ter than \$150,00	0? If	"Ye	S. " (com	nolete	Sci	hedule .l for suci	1			
	individual										4	-	X
5	Did any person listed on line 1a receive or accr	ue compensation	n from	n an	y ur	nrela	ated o	orga	anization or indiv	idual		7	
-	for services rendered to the organization? If "Ye	es," complete Sc	hedu	le J	for .	sucl	h pers	son			5		X
1	ion b. independent Contractors										-		
ı	Complete this table for your five highest compe	nsated independ	lent c	ontr	acto	ors t	that re	ece	ived more than \$	100,000 of			
	compensation from the organization. Report co	inpensation for the	ne ca	ienc	iar y	year	endi	ng	with or within the (B)	organization's			
	Name and business addr	ess							Description of serv	ices	(C) Compen		
-													0
				-									0
					-								0
				-	-		-	VALUE OF STREET		THE RESERVE OF THE PROPERTY OF		-	0
2	Total number of independent contractors (include	ding but not limite	ed to	thos	se li	sted	labor	(A)	who received				0
ECONOMIC CONTRACTOR	more than \$100,000 of compensation from the	organization >			- 11			0	o received				

COMMISSION	rt VII	Oragie of Hope				23-73490)15 Page 9
	L'and III	Check if Schedule O contains a response or note to	any line in	this Dort \/III			
		The second of th	arry mie iri	(Å) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512-514
nts ts	1a		0				Sections 512-514
Srai	b	The state of the s	0	_			· ·
Am	C		7,319				
Contributions, Gifts, Grants and Other Similar Amounts	d	10	0				
ns,	4	Government grants (contributions) 1e All other contributions, gifts, grants, and	467,543				
rtion S	'		221222				
ribu	a	Similar amounts not included above	264,332				
ont	9	11	10 505				
0 5	h	Ines 1a-1f	10,585	700 101			
Market Section		Busin	ess Code	739,194			
Ce	2a			0			
Program Service Revenue	b			0			
	C			0			
	d			0			
	е			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f.		0			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		9,090			
	4	Income from investment of tax-exempt bond proceeds	>	0			
	5	Royalties	▶	0			
	0-		Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b Rental income or (loss) 6c 0					
	d	Rental income or (loss) 6c 0 Net rental income or (loss)	0				
	_		D	0			
		sales of assets	Other				
		other than inventory 7a 0				90	
e le	b	Less: cost or other basis	0			and the state of t	
Revenue		and sales expenses 7b	0				
çev	C	Gain or (loss) 7c 0	0			nair ann an Air	
5	d	Net gain or (loss)		0			
Other	8a	Gross income from fundraising		0			
0		events (not including \$ 7,319					
		of contributions reported on line 1c).					
	,	See Part IV, line 18 8a	11,984				
	b	Less: direct expenses 8b	11,984				
	C	Net income or (loss) from fundraising events	>	0			
	Ja	Gross income from gaming activities. See Part IV, line 19 9a					
	b		0				
	_	Less: direct expenses 9b	0				
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less	▶	0			
	100	returns and allowances	0				
	b	Less: cost of goods sold 10b	0		The state of the s		
	С	Net income or (loss) from sales of inventory	D	0	Principles		
S			ess Code				
Scellaneous	11a			0	delicano		
en	b			0			
Revenue	C			0			The second secon
Misc	d	All other revenue		0			
	9	Total. Add lines 11a-11d		0			
activate to the same	12	Total revenue. See instructions		748 284	0	0	^

748,284

0

0

0

Form 990 (2019) Cradle of Hope Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must c	omplete column (A).	
-	Check if Schedule O contains a response or note t	o any line in this Pa	rt IX		
Do 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	domestic governments. See Part IV. line 21.	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	443,361	443,361		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
,	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	,
6	Compensation not included above to disqualified			<u> </u>	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	اه	0	,
7	Other salaries and wages	171,249	114,720	5,653	50.070
8	Pension plan accruals and contributions (include		117,720	5,000	50,876
	section 401(k) and 403(b) employer contributions)	5,018	3,374	105	4 474
9	Other employee benefits	255	255	165	1,479
10	Payroll taxes	13,114	8,849	0 427	0.000
11	Fees for services (nonemployees):	10,111	0,045	421	3,838
a	Management	0	0		
b	Legal	0	0	0	
C	Accounting	1,827	914	CHARLES OF THE PARTY OF THE PAR	
d	Lobbying	0	914	91	822
e	Professional fundraising services. See Part IV, line 17	0	U	0	
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column		0	U U	(
	(A) amount, list line 11g expenses on Schedule O.)	3,015	2,714		
12	Advertising and promotion	0,013	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	0	301
13	Office expenses	47,637	7,646	0	0
14	Information technology	2,918	7,646	0	39,991
15	Royalties	2,910	2,678	0	240
16	Occupancy	37,051	33,346	0	0
17	Travel	156	156	0	3,705
18	Payments of travel or entertainment expenses	100	100	0	0
	for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	THE RESIDENCE OF THE PARTY OF T	0	0
23	Insurance	2,072	0	0	0
24	Other expenses. Itemize expenses not covered	2,072	1,865	0	207
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b		0	0	0	0
C		0	0	0	0
d		0	0	0	0
е	All other expenses	3,911	3,520	0	0
25	Total functional expenses. Add lines 1 through 24e	731,584	623,398	6,336	391
26	Joint costs. Complete this line only if the	7 7,004	060,030	0,330	101,850
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Cradle of Hope
Part X Balance Sheet

*****************		Check if Schedule O contains a response or note to any line in this Part X.			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	111,069	1	
	2	Savings and temporary cash investments	141,673	-	100,240
	3	Pledges and grants receivable, net	2,255	-	172,049
	4	Accounts receivable, net	63.873	4	11,320
	5	Loans and other receivables from any current or former officer, director,	03,073	-4	54,817
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	o	P	
	6	Loans and other receivables from other disqualified persons (as defined	U	5	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		^	
ets	7	Notes and loans receivable, net	0	6	
Assets	8	Inventories for sale or use	The second secon	7	0
4	9	Prepaid expenses and deferred charges	0	8	
	10a	Land, buildings, and equipment: cost or	5,995	9	7,519
		other basis Complete Part VI of Schodule D			
	b				
	11	Less: accumulated depreciation	The state of the s	10c	0
	12	Investments—other securities. See Part IV, line 11.	0	11	0
	13	Investments—program related. See Part IV, line 11.	0	12	0
	14	Investments—program-related. See Part IV, line 11.	The second secon	13	0
	15	Intangible assets .	0	14	0
	16	Other assets. See Part IV, line 11.	2,774	15	2,774
	17	Total assets. Add lines 1 through 15 (must equal line 33) .	327,639	16	348,719
	18	Accounts payable and accrued expenses		17	16,290
	19	Grants payable	0	18	
	20	Deferred revenue	0	19	
	21	Tax-exempt bond liabilities	0	20	
(C)	22	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
Liabilities	44	Loans and other payables to any current or former officer, director,			
Q		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>-</u>	23	controlled entity or family member of any of these persons	0	22	
	24	Secured mortgages and notes payable to unrelated third parties .	0	23	0
	25	Unsecured notes and loans payable to unrelated third parties .	0	24	0
	40	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete		n) may a market	
	26	Part X of Schedule D.	0	25	0
	20	Total liabilities. Add lines 17 through 25	11,910	26	16,290
ces		Organizations that follow FASB ASC 958, check here ▶ X			The same state of the same sta
an		and complete lines 27, 28, 32, and 33.		-	
39	27	Net assets without donor restrictions	315,729	27	332,429
0	28	Net assets with donor restrictions	0	28	332,429
E		Organizations that do not follow FASB ASC 958, check here	<u> </u>	- 02	
-		and complete lines 29 through 33.			
3	29	Capital stock or trust principal, or current funds.	0	29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	lotal net assets or fund balances	315.729	32	
dia .	33	Total liabilities and net assets/fund balances	327 639		332,429

THE RESERVE OF THE PARTY OF THE	990 (2019) Cradle of Hope	23-	7349015	Dag	e 12
Par	t XI Reconciliation of Net Assets		1040010	ray	C I da
	Check if Schedule O contains a response or note to any line in this Part XI			. Г	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	POSSESSA MARKET PARTY OF THE PA	748,	284
2	Total expenses (must equal Part IX, column (A), line 25)	2	***************************************	731.	_
3	Revenue less expenses. Subtract line 2 from line 1	3		-	,700
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	315.	
5	Net unrealized gains (losses) on investments	5		010,	120
6	Donated services and use of facilities ,	6		-	and Allerthones
7	Investment expenses	7		-	
8	Prior period adjustments	8		-	and the same of the same
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)		The second second second	ALC: WATER	
	column (B))	10		332.	429
art	Financial Statements and Reporting	AND DESCRIPTION OF THE PARTY OF		Alexandra	
allow Married	Check if Schedule O contains a response or note to any line in this Part XII		,	. [
,	parameter parame			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			-	
20	Schedule O.			to the same of	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	The state of the s	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:			-	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			-+	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		0-		
	If the organization changed either its oversight process or selection process during the tax year, explain on		2c	\rightarrow	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		30	\rightarrow	^
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		
		ASSESSMENT OF THE PARTY OF THE	The same of the sa	-	

Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section \$01(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Cradle of Hope 23-7349015 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the A hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public X described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B, Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 0 Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

0

Total

Sch	nedule A (Form 990 or 990-EZ) 2019 Cradle of I	Норе				23-734901	5 Page 2
L	Support Schedule for Orga	anizations Des	cribed in Sect	ions 170(b)(1)((A)(iv) and 170	(b)(A)(A)()	
	(Combiete only II you cueck	ea the box on lir	ne 5. 7. or 8 of	Part I or if the o	ragnization fail	ad to avalify	der
_	ait III. II the organization ta	ils to qualify und	der the tests lis	ted below, plea	ise complete P	art III.)	201
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(6) Tatal
1	Gifts, grants, contributions, and membership fees received. (Do not			(0) 2011	(4) 2010	(e) 2019	(f) Total
	include any "unusual grants.")	380,992	508,028	716,550	747 400	W-0 / 0 /	
2	Tax revenues levied for the	555,562	300,020	/10,550	717,436	739,194	3,062,200
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0			
3	The value of services or facilities		0	0	0	0	
	furnished by a governmental unit to the						
	organization without charge	0	0	0			
4	Total. Add lines 1 through 3	380,992	508,028	THE RESERVE OF THE PARTY OF THE	717.100	0	0
5	The portion of total contributions by	000,002	300,020	716,550	717,436	739,194	3,062,200
	each person (other than a						
	governmental unit or publicly		-	The state of the s			
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						3,062,200
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(-) 0047	10.0010		
7	Amounts from line 4		(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
8	Gross income from interest, dividends,	380,992	508,028	716,550	717,436	739,194	3,062,200
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	0.500					
9	Net income from unrelated business	8,583	9,022	8,650	9,295	9,090	44,640
	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or						0
	loss from the sale of capital assets	and the second					
	(Explain in Part VI.)					The state of the s	
14							0
12	Total support. Add lines 7 through 10						3,106,840
	Gross receipts from related activities, etc. (se	ee instructions)				12	
10	First five years. If the Form 990 is for the or	ganization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)	
300	organization, check this box and stop here.						
14	ction C. Computation of Public Sup	port Percentag	ge				
	Public support percentage for 2019 (line 6, co	olumn (f) divided by	line 11, column (f))		14	98.56%
10	Public support percentage from 2018 Schedu	le A, Part II, line 14				15	98.00%
102	33 1/3% support test—2019. If the organiza	ation did not check to	he box on line 13,	and line 14 is 33 1/	3% or more, check	this box	
1.	and stop here. The organization qualifies as	a publicly supporte	d organization				▶ X
D	33 1/3% support test—2018. If the organiza	ation did not check a	box on line 13 or	16a, and line 15 is	33 1/3% or more,	check this	handana.
	box and stop nere. The organization qualifie	s as a publicly supp	orted organization				
7a	10%-facts-and-circumstances test-2019.	If the organization	did not check a ho	y on line 13 16a o	r 16h and line 14		
	10 % of fillore, and if the organization meets th	ne "facts-and-circum	istances" test che	ck this how and eta	n hora Evolain in		
	Part VI how the organization meets the 'facts organization	-and-circumstances	" test. The organiz	ation qualifies as a	publicly supported	i	
h		If the organization	dial made at the state of			$\cdots \cdots \cdots \cdots$	>
	10%-facts-and-circumstances test—2018. 15 is 10% or more, and if the organization me	eets the "facts-and-r	circumstances" test	chack this hav an	d atam have		
	Explain in Part VI how the organization meets	s the "facts-and-circ	umstances" test. T	he organization qua	alifies as a publicly	,	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support				relianne anno anno anno anno anno anno anno	The second secon	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(6) T-4-1
1	Gifts, grants, contributions, and membership fees			(0) 2011	(4) 2010	(6) 2019	(f) Total
	received. (Do not include any "unusual grants.")						•
2	Gross receipts from admissions, merchandise						0
	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						0
	unrelated trade or business under section 513	Page and the same					
4	Tax revenues levied for the						0
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						0
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	0					0
7a	Amounts included on lines 1, 2, and 3	U	0	0	0	0	0
	received from disqualified persons						
b	Amounts included on lines 2 and 3						0
~	received from other than disqualified						
	persons that exceed the greater of \$5,000					en digwey pak	
	or 1% of the amount on line 13 for the year		1				
С	Add lines 7a and 7b	0	0				0
	Public support (Subtract line 7c from	0		0	0	0	0
	line 6.)						
Sec	ction B. Total Support						0
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2040	(-) 2040	1.00
9	Amounts from line 6	0	0	(6) 2017	(d) 2018	(e) 2019	(f) Total
10a	Gross income from interest, dividends,		0		U	0	0
	payments received on securities loans, rents,				Name of the Control o		
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						0
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	0	0	0	0		0
11	Net income from unrelated business		0	0	U	0	0
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						0
	loss from the sale of capital assets	-					
	(Explain in Part VI.)						_
13	Total support. (Add lines 9, 10c, 11,						0
	and 12.)	0	0	0	0		
14	First five years. If the Form 990 is for the org		cond. third, fourth	or fifth tay year as	a section 501(c)(0	0
	organization, check this box and stop here.			or mirrian year as	5 a 30000011 30 1(0)(.	3)	_
Sec	tion C. Computation of Public Sup	port Percentag	ie .				
15	Public support percentage for 2019 (line 8, col	lumn (f), divided by	line 13, column (f)), , , , , , , ,	T	15	0.00%
16	Public support percentage from 2018 Schedul	e A, Part III, line 15	5	,,		16	0.00%
Sec	tion D. Computation of investment	Income Perce	ntage				0.00%
17	Investment income percentage for 2019 (line	10c, column (f), div	ided by line 13, co	lumn (f))		17	0.00%
18	Investment income percentage from 2018 Sch	nedule A. Part III. li	ne 17			18	0.00%
19a	33 1/3% support tests—2019. If the organiza	ation did not check	the box on line 14	and line 15 is mo	re than 33 1/30/	nd line 17 is	
	not more than 33 1/3%, check this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization		
b	22 112 to anhhour rears—70.10. It the oldsuis	ation did not check	a box on line 14 o	r line 102 and line	16 is more than 2	2 1 /20/	-
	line to is not more than 33 1/3%, check this bi	ox and stop here.	The organization of	qualifies as a publi-	cly supported orga	nization .	
20	Private foundation. If the organization did no	t check a box on li	ne 14, 19a, or 19b	, check this box ar	nd see instructions		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

-		Yes	No
		103	140
	1		
	2		************
	3a		***************************************
	3b		
	3c		
	4a		
	4b		
	4c		-
	5a		
	5b		
	5c		-
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b	90-E7)	0012
7 2 5 5 5	INDIAN OF S	with P	70140

Part	Supporting Organizations (continued)	10		Page 5
			Vec	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
t.	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	-	1
Saat	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
3601	tion B. Type I Supporting Organizations			
1	Did the directors trustees and the directors trustees are the directors.		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had made the			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors on trustee.			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported experiences.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sect	ion C. Type II Supporting Organizations	2		
	person germanical control			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		
	or management of the supporting organization was vested in the same persons that controlled or managed			
Printer lander and the lander and th	the supported organization(s).			
Secti	ion D. All Type III Supporting Organizations	17	-	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		-	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	vivere 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 Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
J	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tay year? (*!) Year! I describe in But the second of the organization's	- Annabase		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the agreement is a solid to the second to the se		-	
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst. The organization satisfied the Activities Test. Complete line 2 below.	ructions	;).	
b				
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructi	ions).	
2	Activities Test. Answer (a) and (b) below.	~		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	140
	the supported organization(s) to which the organization was responsive? If "Yes" then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes			
	now the organization was responsive to those supported organizations, and how the organization determined			
b	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		-	
	activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-	-	
	trustees of each of the supported organizations? Provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	-	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3h		

Check here in the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income	Type III Non-Functionally Integrated 509(a)(3) Supporting (Ornar	izatione	Page 9
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (potional) 1 Net ahort-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Other gross income or for management, conservation, or maintenance of property held for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Portion of operating expenses paid or incurred for moderation or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 O O O O O O O O O O O O O O O O O O O	1 Check here if the organization satisfied the Integral Part Test as a qualifying	og trus	ot on Nov. 20, 1070 (avalair	:- D - (110) =
Section A - Adjusted Net Income	instructions. All other Type III non-functionally integrated supporting organizations.	ng nus anizatio	one must complete Section	in Part VI). See
1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Recoveries of property distributions 3 Recoveries of property held for production of production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property held for production of income (see instructions) Recoveries of property seed of the production of the income (see instructions) Recoveries of property search of the production of the income (see instructions) Recoveries of property search of the property search of the property recoveries of property search of the property search of the property recoveries of property search of the property search of the property recoveries of property recovery recoveries of property recoveries of property search of the property recoveries of property recoveries of property search of the property search of the property recoveries of property recoveries of property search of the property recoveries of pr	Section A - Adjusted Not Income	11112011		
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Operion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 1 A did lines 1a, 1b, and 1c) 1 Operation of the non-exempt-use assets 1 operation of the securities of the consequence of the factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Operation of the consequence of the con	- Adjusted Net Income		(A) Prior Year	
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Rection B - Minimum Asset Amount (A) Prior Year (Diptional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly loue of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1 a, 1b, and 1 c) 9 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 0 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount 1 Adjusted net income for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 6 Income tax imposed in prior year 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Other hands and prior greater of line 2 or line 3. 6 Discome tax imposed in prior year 7 Other hands and prior year (from Section B, line 8, Column A) 8 Income tax imposed in prior year 9 Discount claims 1 first as a non-functionally integrated Type III supposition comerciants (claims 1) 9 Discount claims 1 first as a non-functionally integrated Type III supposition comerciants (claim	1 Net short-term capital gain	1		(optional)
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8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		-		The second name of the second na
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1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 0 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		10	0	0
1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 0 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	Section C - Distributable Amount			Current Year
2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	1 Adjusted net income for prior year (from Section A. line 8. Column A.)	14		
Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	2 Enter 85% of line 1	-		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TO PERSO
4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		-		WHEN THE PERSON THE PROPERTY OF THE PERSON T
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6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 0 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	5 Income tax imposed in prior year	-		0
emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	6 Distributable Amount, Subtract line 5 from line 4 unless subject to	5		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (accounts)	emergency temporary reduction (see instructions)			
instructions).	7 Check here if the current year is the organization's first as a non-functional	ly inte	Trotad Type III	0
	instructions).	ry integ	grated Type III supporting o	rganization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatione (continued)	3-7349015 Page 7
Secti	on D - Distributions	of capporting Organ	izations (commueu)	C.,
1	Amounts paid to supported organizations to accomplish ex	A 14.0 L		Current Year
2	Amounts paid to perform activity that directly furthers exem	empt purposes		
	organizations, in excess of income from activity	pt purposes of supported	d .	
3	Administrative expenses paid to accomplish exempt purpos	200 06 011111111111111111111111111111111		
4	Amounts paid to acquire exempt-use assets	ses of supported organiz	ations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is rooms		0
-	(provide details in Part VI). See instructions.	ine organization is respon	risive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			0
			(ii)	0.000
5	Section E - Distribution Allocations (see instructions)	(i)	Underdistributions	(iii)
		Excess Distributions	Pre-2019	Distributable
1	Distributable amount for 2019 from Section C, line 6		116-2013	Amount for 2019
2	Underdistributions, if any, for years prior to 2019			0
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
	Applied to 2019 distributable amount			0
<u> </u>	Carryover from 2014 not applied (see instructions)			0
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
	Applied to 2019 distributable amount			0
	Remainder. Subtract lines 4a and 4b from 4.	0		The state of the s
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
6	greater than zero, explain in Part VI. See instructions.		0	
0	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7				0
,	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:	0		
a	T			
-	F			
c	Excess from 2016			
d	Excess from 2018 0			
е	Excess from 2019 0			

Schedule A (Fo	rm 990 or 990-EZ) 2019	Cradle of Hope	22 7240015	- 0
Part VI	Supplemental Inform III, line 12; Part IV, Se B, lines 1 and 2; Part	tation. Provide the explanations required by Part II, line 10; Part II ction A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1V, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D	, line 17a or 17b; Part 11c; Part IV, Section	Page 8
***************************************	lines 2, 5, and 6. Also	e 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; complete this part for any additional information. (See instructions	and Part V, Section E, .)	

		,		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

20.02	Open to Publ	cation number
		Employer identifi
n at		

en to Public

OMB No. 1545-0047

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

Cradle of Hope						23	23-7349015
Part 1 General Information on Grants and Assistance	on on Grants	and Assistance			MONTO-PRESENTATION PROFESSIONAL	комплутите уческом бизова и поставления дення в невой предела на поставления в невой в невой в невой в невой в	Michamoloficade of proceedings is any serge transport of the service of a systemate and the service of the series
1 Does the organization maintain records to substantiate the	ain records to su	ubstantiate the amou	nt of the grants or assi	istance, the grantees'	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grant rization's proced	ts or assistance? . lures for monitoring t	he use of grant funds i	in the United States.		:	X Yes No
Part II Grants and Other 990, Part IV, line 21	Assistance to	Domestic Organient that received	nizations and Dom more than \$5,000. I	restic Government Part II can be duplic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ganization answered	I "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	501(c)(3) and gc	vernment organizati	ons listed in the line 1	table			0
Appropriate to the same of the	ganizations lister	d in the line 1 table.				A	

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

Schedule I (Form 990) (2019)

0

Page 2

Cradle of Hope Schedule I (Form 990) (2019) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

Distributes portable cribs to families in crisis Distributes new baby items in a basket to families in crisis. (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 136,771 0 10,861 (d) Amount of noncash assistance 200 832 275,409 0 069 0 18,297 (c) Amount of cash grant 466 2,381 20 169 (b) Number of recipients Safe Slumber Program (Portable Crib Distribution) (a) Type of grant or assistance Rent/Mortgage Assistance Medical Costs Assistance Transportation Assistance Child Care Assistance Baby Shower Baskets Utilities Assistance Part IV

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Cradle of Hope

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Cradle of nope	23-7349015
Form 990, Part VI, Section Section B, Line Line 11b: The Treasurer, Executive Director, and	
Bookkeeper review and complete the 990. The 990, including all schedules, is reviewed by the	
Board of Directors before filing the form.	
Form 990, Part VI, Section Section B, Line Line 12c: Cradle of Hope has a written Conflict of	
Interest policy. Officers, directors, trustees, and key employees are required to disclose	
annually interests that could give rise to conflicts. Cradle of Hope regularly and	
consistently monitors and enforces compliance with the policy by reviewing it at least	
annually and taking immediate action if needed.	
Form 990, Part VI, Section Section C, Line Line 19: Cradle of Hope posts our most recent 990	
on our public website, where it can be reviewed publicly by anyone who is interested.	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Cradle of Hope	23-7349015