_	990
Form	000

Department of the Treasury

HTA

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Α	For the	e 2020 ca	endar year, or tax year be	ginning			, and ei	nding					
В		applicable:		Cradle of Hope			,		D Emplo	yer ident	ification nu	mber	
	Address	change	Doing business as	· · ·									
		Ū.	Number and street (or P.O. b	ox if mail is not del	ivered to stree	t address)	Room/suite		23-7349	015			
	Name cha	ange	1970 Oakcrest Avenue				104	]	E Teleph	none numb	ber		
	Initial retu	urn	City or town		St	ate	ZIP code		651-636-	0637			
	Final roturn	n/terminated	Roseville		М	N	55113		031-030	-0037			
		/lemmaleu	Foreign country name	Foreign pro	vince/state/cou	unty	Foreign postal	code					
	Amended	d return							G Gross	receipts \$		5	588,196
	Applicatio	on pending	F Name and address of princip	al officer:				<b>H(a)</b> Is t	his a group ret	urn for subo	rdinates?	Yes	X No
			Ryan Kaplan 1970 Oakcı	rest Avenue, S	uite 104. R	oseville. M	N 55113		e all subordi			XYes	No
	-					1			'No," attach				
-		mpt status:		( ) <b>(</b> Ir	nsert no.)	4947(a)(1)	or 527						
J	Website	e: 🕨 www	w.cradleofhope.org					H(c) Gr	oup exempti	on numbe	r 🕨		
κ	Form of	organizatior	: X Corporation Trus	t Association	n Other		L Yea	r of form	ation: 19 <sup>-</sup>	74 M	State of leg	al domicile	: MN
	Part I	Su	nmary				•			+			
	1		escribe the organization's	mission or mo	st significa	nt activities	s: Crad	le of Ho	ope enco	urades I	ife by pro	vidina	
e			and material assistance t										
าลท			ot choose life because of f			·····							
err	2		nis box 🕨 🗌 if the orga			norations	or disposed	of mor	o than 25	% of ite	not accot		
ő	3		of voting members of the							1		.5.	9
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		of independent voting me	0 0	2 (	/				4			9
es			mber of individuals emplo							4			
Activities & Governance	5			-	-					6			4
\cti	6		mber of volunteers (estim related business revenue				· · · · ·			6 7a			54
4	7a									7a 7b			0
	b	net unre	elated business taxable in	come irom For	m 990-1, P	an i, ime i	1		Prior Year			urrent Vo	-
		Contribu	tions and grants (Dart )/II	Lling 1h)								urrent Yea	
Revenue	8		tions and grants (Part VII							739,194 0		i	579,024 0
ven	9	Program	service revenue (Part VI	II, III $e \ge g$ ).		 \				0			Ŷ
Re B	10		ent income (Part VIII, colu							9,090			9,172
	11		venue (Part VIII, column (							740.004			0
	12		enue-add lines 8 through							748,284			588,196
	13		and similar amounts paid (							443,361 0			353,049
	14		paid to or for members (F										0
ses	15		other compensation, emplo							189,636			199,671
Expenses	16a		onal fundraising fees (Par				1			0			0
<u></u>	b		ndraising expenses (Part I				86,651			00 507			07.407
	11		penses (Part IX, column			,				98,587	+		87,487
	18		penses. Add lines 13–17							731,584	1		540,207
<u> </u>	<b>19</b>	Revenu	e less expenses. Subtract	line 18 from lin	ne 12			Paging	ning of Curr	16,700		nd of Yea	-52,011 -
Net Assets or		Total aa	sets (Part X, line 16).					Begini			1		
Asse	20 21		bilities (Part X, line 16).							<u>348,719</u> 16,290		2	<u>290,266</u> 9,848
Vet J	22		ets or fund balances. Subl	 tract line 21 fro	 m lino 20					332,429	1		9,040 280,418
	art II									552,429		2	100,410
			nature Block	this roturn includin	a accompanyir		and statements	and to th	no host of m	v knowlod	<b>d</b> 0		
	•		ct, and complete. Declaration of p			•					ge		
			/ 1		/				Í	<u>J</u>	6/16/20	)21	
Si			Signature of officer						Da	te	0/10/20		
He	ere		Brian T. Dobie				Treas	surer	24				
			Type or print name and title				Hou	Suror					
		Prin	/Type preparer's name	Pro	eparer's signat	ure		Dat	e		P	TIN	
Pa	id		20 I I		,					Check	if		
	eparer	r 🖵								self-em	ployed		
	se Only		's name 🕨						Firm's EIN				
		-	's address 🕨						Phone no.				
Ma	av the IS		s this return with the prep	arer shown ab	ove? See ir	structions						Yes	X No
	-					1011 0010118					•• ∟		
Fo	r Paperv	work Red	uction Act Notice, see the	separate instru	uctions.							Form 9	<b>90</b> (2020)

Form 9	90 (2020)	Cradle of Hope	23-7349015	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Cradle o	escribe the organization's mission: of Hope encourages life by providing financial and material assistance to women and n crisis, especially those women who might not choose life because of financial as.		
2	the prior If "Yes,"	organization undertake any significant program services during the year which were not listed on         Form 990 or 990-EZ?         describe these new services on Schedule O.	🗌 Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program         ?	. Yes	X No
4	expense	e the organization's program service accomplishments for each of its three largest program services, es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported.		
4a	358 won Family h benefits	) (Expenses \$ 410,265 including grants of \$ 282,174 ) (Revenue ortgage Assistance for pregnant women and mothers with infants up to four months: In 2020, nen were assisted when pregnancy-related financial challenges threatened their stability. nomelessness and eviction were prevented. This critical program has immeasurable health for both mother and child by providing shelter and promoting full-term pregnancies.		
4b	ensure t througho techniqu SIDS (S	hat every baby has a safe place to sleep. In 2020, 1,598 portable cribs were distributed but MN. As a result of this program, infant mortality rates decrease. Mothers learn les to prevent accidental suffocation and strangulation in bed and how to lower the risk of udden lefant Death Syndrome). They are equipped to provide a safe sleep environment for		
4c	funding	) (Expenses \$ 27,351 including grants of \$ 18,812 ) (Revenue programs listed above are our most significant programs. The remainder of our program supported 141 families in crisis with the following needs: Utilities, Medical Costs, are, Baby Shower Baskets, and Transportation.	<pre>&gt;\$</pre>	)
4d	Other pr (Expens	ogram services (Describe on Schedule O.) es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total pro	ogram service expenses       547,020		

Form	990 (2020)	Cradle of Hope	23-73490	15	P	age <b>3</b>
Part	: IV	Checklist of Required Schedules				
					Yes	No
1	Is the o	rganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	,	te Schedule A		1	Х	<u> </u>
2	Is the o	rganization required to complete Schedule B, Schedule of Contributors See instructions?		2		Х
3		organization engage in direct or indirect political campaign activities on behalf of or in opposition to ates for public office? <i>If "Yes," complete Schedule C, Part I</i> .		3		x
4		<b>501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .		4		x
5	Is the o	rganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
6	Did the have th	ments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part</i> organization maintain any donor advised funds or any similar funds or accounts for which donors he right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>		5		X
7		<i>complete Schedule D, Part I</i>	· · ·	6		X
8		ironment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>		7		Х
0	comple	te Schedule D, Part III..................................		8		х
9	custodi	organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a an for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt tion services? <i>If "Yes," complete Schedule D, Part IV</i> .		9		x
10	Did the	organization, directly or through a related organization, hold assets in donor-restricted endowments asi endowments? If "Yes," complete Schedule D, Part V.		10		x
11	If the o	ganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, , IX, or X as applicable.				
а	Did the	organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete le D, Part VI.</i>		11a		x
b	Did the	organization report an amount for investments—other securities in Part X, line 12, that is 5% or more tal assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>				
с	Did the	organization report an amount for investments—program related in Part X, line 13, that is 5% or more		11b		X
ام		tal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		X
	reporte	organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets d in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		11d		х
		organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	Х	11e		X
f		organization's separate or consolidated financial statements for the tax year include a footnote that addresses nization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		11f		х
12a	Did the	organization obtain separate, independent audited financial statements for the tax year? If "Yes," compl				
h		le D, Parts XI and XII		12a		X
D		the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		12b		х
13		rganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		13		X
14a		organization maintain an office, employees, or agents outside of the United States?		14a		X
		organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1 <del>4</del> a		
D.		sing, business, investment, and program service activities outside the United States, or aggregate				
		investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		14b		х
15	Did the	organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or foreign organization? If "Yes," complete Schedule F, Parts II and IV.		15		X
16	-	organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		15		
	assista	nce to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		16		x
17	on Part	organization report a total of more than \$15,000 of expenses for professional fundraising services IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		17		x
18		organization report more than \$15,000 total of fundraising event gross income and contributions on I, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		18		x
19		organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	lf "Yes,	" complete Schedule G, Part III		19		Х
20a	Did the	organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		Х
b	lf "Yes"	to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
21		organization report more than \$5,000 of grants or other assistance to any domestic organization or ic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		21		x

23-7349015 Pa

Form 9	23- 23- 23- 23- 23- 23- 23- 23- 23- 23-	734901	5 р	age <b>4</b>
Part	IV Checklist of Required Schedules (continued)		_	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	. 22	X	<u> </u>
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			V
04-	employees? If "Yes," complete Schedule J.	. 23		X
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? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a.	24		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year	. 27		
C	to defease any tax-exempt bonds?	. 240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 240		
	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	1	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	. 251	<b>b</b>	Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	. 27	_	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20		v
b	If"Yes," complete Schedule L, Part IV.	. 28	_	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	. 201		
C	If"Yes," complete Schedule L, Part IV.	. 280		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .		_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	Х
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		Х
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? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.		_	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a	1	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
20	entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	. 351	<u>,                                     </u>	
36	Section 501(c)(3) organizations. 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		V
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 30		X
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	. 37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	. 38	x	
Par		. 00	Λ	
T UI	Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	Ť		
-	gaming (gambling) winnings to prize winners?	. 10	X	
			n <b>990</b>	(2020)

<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year</li></ul>	Form 9	90 (2020) Cradle of Hope 23-734	9015	P	age <b>5</b>
2a       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax       2a       4         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)       3a       X         b       If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)       3a       X         b       If Yes, "has it filed a form 590-T for this year? if Yes' to line 3b, provide an explanation on Schedule 0       3b       4         b       If Yes, "has it filed a form 590-T for this year? if Yes' to line 3b, provide an explanation on an Schedule 0       3b       4         At any time the name of the foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b       If Yes, "hast if filed a provide tax shelter transaction at ny time during the tax shelter transaction?       5c       2c         c       Did any taxable party noitry the organization have at hear during the tax shelter transaction?       5c       2c         d       If Yes's to line 5a or 5b, did the organization are year to tax devicutible as chartable contributions or grafts are normally greater than \$100.000, and to the organization neevice a payment in excess \$1575 made party to a prohibited tax shelter transaction?       5c       2c         d       If Yes's, 'idd the organization neave tax d	Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return. <ul> <li>A</li> <li>A</li> <li>A</li> <li>A</li> <li>A</li> <li>A</li> <li>B</li> <li>A</li> <li>Cover if the sum of lines 1a and 2a is greater than 250, your may be required forder an endproment tax returns?.</li> <li>A</li> <li>A</li> <li>A</li> <li>B</li> <li>D</li> <li>D</li></ul>				Yes	No
b       If at least one is reported on line 2.a. (id the organization file all required federal employment tax returns?	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-fie</i> (see instructions)         Image: See instructions for filing requires 10 for GPD and 10 for Seg instructions for filing requirements for Finite As a Dark account, or other financial account);         Image: See instructions for filing requirements for Finite New T14, Report of Foreign Bank and Financial Accounts (FBRP).         See instructions for filing requirements for Finite New T14, Report of Foreign Bank and Financial Accounts (FBRP).         See instructions for filing requirements for Finite New T14, Report of Foreign Bank and Financial Accounts (FBRP).         See instructions for filing requirements for Finite New T14, Report of Foreign Bank and Financial Accounts (FBRP).         See instructions for filing requirements for Finite New T14, Report of Foreign Bank and Financial Accounts (FBRP).         See instructions for Mange requirements for Finite New T14, Report of Foreign Bank and Financial Accounts (FBRP).         See instructions for Mange requirements for Finite New T14, Report of Foreign Bank and Financial Accounts (FBRP).         See instructions for Mange requirements for Finite New T14, Report of Foreign Bank and Financial Accounts (FBRP).         See instructions for Mange requirements for Finite New Stee Stee Stee Stee Stee Stee Stee St					
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bit 17'ses, that filed a Form 800-To this year?       5a       X         bit 17'ses, that the harm of the foreign country 1	b		2b	Х	
b       If "Yes," has it field a Form 900-T for this yea?" /f "A" to line 30, provide an explanation on Schedule O.       30         a       At any time during the calendary year, diff be 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       X         b       f"Yes," enter the name of the foreign country -       5a       X         5W as the organization a party to a prohibited tax shell returnsaction or a singuture or other authority over, finance organization a party to a prohibited tax shell returnsaction or the organization solid the organization hild it was or is a party to a prohibited tax shell returnsaction or gifts were not tax deductible contributions and express statement that suna contributions or gifts were not tax deductible contributions under section 170(c).       6b       C         c       If "Yes," did the organization networks a deductible contributions and partly for goods and express statement that suna contributions or gifts were not tax deductible?       7a       X         f       If "Yes," did the organization networks a depace of tangbia phennih network?       7b       7c       X         f       If "Yes," did the organization networks a pay or a prohibute of the spontaganization networks any fund, directly or indirectly, to a personal benefit contract?       7c       X         f       If "Yes," indicate the number of Forms 3222 field during the year?       7a       X         f       If "Yes," i	0-		0		X
4a       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       x         b       If "Yes," enter the name of the foreign country P       5e       5e       x         count of the second of the organization that it was or is a party to a prohibited tax shelt entraction at any time during the xy ear?.       5a       X         b       If "Yes," did the organization file form 8868-17.       5e       X         cognization aparty notify the organization file form 8868-17.       5e       X         cognization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         cognization solicit any contributions that were not tax deductible as charitable contributions or glifts were not tax deductible as charitable contributions and party for goods and services provided to the payor?       7a       X         7       Organization sell, exchange, or therwise dispose of targible pfissional rope/fy for which it was required to file form 8282?       7c       X         7       Did the organization nearby exchange, or therwise dispose of targible pfissional rope/fy for which it was required to file form 8282?       7c       X         7       Did the organization make any taxel any time during the year, Preside during the year, Preside during the year, Presidured during the year, Presidured during the year, Presi					X
a financial accountly a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b If "Yes," enter the name of the foreign country P       See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FMAR).       5a       Xa         54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.       5a       Xa         54 Was the organization accounts that twas or is a party to a prohibited tax shelter transaction at any time during the tax year?.       5b       Xa         55 Does the organization neare exceptiss that are normally greater than \$100,000° and tell the organization neare exceptiss that are normally greater than \$100,000° and tell the organization neare a party to a prohibited tax shelter transaction at any time during the tax year?.       6a       X         61 If "Yes," taid the organization neare exceptiss that are normaly greater than \$100,000° and tell the organization neare a paryment in access of \$75 made party as a contributions or gifts were not tax deductible?       7b       7b         70 Organization cecive a payment in excess of \$75 made party to a promater profile form the stars account of the value of the goods or services provide?       7b       7b         71 If "Yes," indicate the number of Forms 8282 filed during the year?       7c       X         71 If we organization exceed a contribution of qualified intelexity or indirectly, or a personal benefit contract?       7f       Xr         76 If the organization			30		
b       If "Yes," enter the name of the foreign county P	4d		12		v
See instructions for ling requirements for FinCEN Form 114, Report of foreign Bank and Financial Accounts (PBAR).       5a         Sa       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         C       If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         Does the organization have annual gross exceptis that are normally greater than \$100,000° and etd the organization have annual gross exceptis that are normally greater than \$100,000° and etd the organization shell aver were velocitation an express statement that suce contributions or offits were not tax deductible?       6a       X         Organizations that aver receive eductible contributions under section 170(c).       Did the organization neceive, a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7b       X         Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         Did the organization secieve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         Did the organization maxer axis bas exis, any the exis, any	h		4a		~
5a       Was the organization a party to a prohibited tax shelter transaction?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c1       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c1       Yes? to line 5a or 5b, did the organization file Form 8886-7?       6a       X         c1       Yes? tid line organization include with every solicitation an express statement that sub-contributions or gifts were not tax deductible?       6b       X         7       Organizations that may receive daductible contributions and party as a contribution and partly for goods and services provided to the payor?       7a       X         7       Did the organization and the exchange, or otherwise dispose of tangible presonal property for which it was required to file Form 8282?       7d       7e       X         7       Did the organization notify the donor of the value of the goods or services provided?       7a       X         7       Did the organization notify the organization prevers a pay premiums. Are construction or which it was required to file Form 8282?       7d       7d       7a       X         7       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       7d       7d <t< th=""><td></td><td></td><td></td><td></td><td></td></t<>					
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.       5c       5c         Does the organization have annual gross receipts that are normally greater than \$100,000; and the organization include with every solicitation an express statement that sub-contributions or glifts were not tax deductible?       6a       X         7       Organization shat may receive deductible contributions under section 170(c).       6b       6b         7       Organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Nes," idit de organization notify the donor of the value of the goods or services provided?       7b       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year, pay premiums, origonal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year, pay premiums, origonalization file Form 8289 as required Notes.       7g       X         d       If the organization neeved a contribution of qualified intellectub reindrevice, or an erasonal benefit contract?       7f       X         d       If "Yes," indicate the number of Forms 8282 filed during the year, pay and partly as any anzation file Form 8289 as required Notes.       7g	5a		5a		х
c       If "Yes" to line 5a or 5b, did the organization file Form 888-72.       5c         6a       Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions that were not tax deductible?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that sub-contributions or glifts were not tax deductible?       6b       6a       X         7       Organizations that may receive deductible contributions under section 170(c).       7a       X       X         7       Dright evere's a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Dright evere's a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       Did the organization sell, exchange, or otherwise dispose of tangible points property for which it was required to file Form 8282?       7c       X         7       Did the organization receive any funds, directly or indirectly, to pay promum on a personal benefit contract?       7f       X         9       Did the organization receive any funds, directly or indirectly, to pay promum on a personal benefit contract?       7f       X         16       the organization neeving a contribution of qualified inelectual property dif the organization file Form 8289       7g <t< th=""><td></td><td></td><td></td><td></td><td></td></t<>					
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000 and othe organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         c       Organizations that may receive deductible contributions under section 170(c).       Bo       Ga       X         d       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         f       If "Yes," indicate the number of forms 8282 field during the year.       Id       Id       To         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       To       X         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       To       X         f       He organization matching donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       Bi       Bi         9       Sponsoring organization make any taxable distribution to advisor, or related person?       Bi       Bi         10       the organization neal advisor dimesers.       Bi       Bi       Bi         9       Sponsoring organizat	с		5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a)       101 the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b)       If "Yes," did the organization notify the donor of the value of the goods or services rovided?       7b       7c       X         c)       Did the organization receive any thork, directly or indipute presonal ponefit contract?       7c       X         f)       Did the organization receive any thork, directly or indipute presonal ponefit contract?       7c       X         f)       Did the organization receive any thork, directly or indiputery, did the organization file Form 8899 as required?       7t       X         f)       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         g)       If the organizations maintaining donor advised funds.       Did the sonosoring organization make any taxabic charbotions under section 4966?       9a         g)       Did the sonosoring organization make any taxabic charbotions under section 4966?       9a       9b         g)       Did the sonosoring organization make any taxabic char	6a				
gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6c       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?.     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7d     X       f     Did the organization received a contribution of qualified intellectual property did the organization file Form 6899 as required?     7f     X       f     Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 6899 as required?     7f     X       f     If the organization metavies any taxols divided funds.     Did the organization materialing door advised funds.     Did the organization make any taxols divided funds.     Did the sponsoring organization make any taxols divide bub number of Form 6899 as required?     7n     X       g     Sponsoring organizations maintaining door advised funds.     Did the sponsoring organization make any taxols divide bub number of Form 6890 as required.     Ba       g     Sponsoring organization make any taxols divide bub number of Form 6806?     Ba     Ba       g     Sponsoring organization make any taxols divid bub number of Form 1041?     11a		organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
7       Organizations that may receive deductible contributions under section 170(c).       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?.       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?.       7b       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c       X         f       Did the organization receive any funds, directly or indirectly, top ap remums on a personal benefit contract?       7f       X         f       Did the organization received a contribution of cars, bats, aiplanes, or other vehicles, di the organization face form 0899 as required?       7d       X         f       If the organization receive any funds of one advised funds.       8       9       9       7d       X         g       If the organization receive any funds of a advised funds.       10 a donor advised funds.       8       9       9       9       9       0       9       0       0       0       0       0       0       0       0       0       0       0       0	b				
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?.       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?.       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?.       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?.       7a       X         d       If "Yes," indicate the number of Form 8282? filed during the year       7a       X         f       Did the organization receive any funds, directly or indirectly, to pay premums on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g       Did the sponsoring organization make a distribution such a section 4966?       9a       9b       9b         g       Gross income from members or sharken alexibilities .       11a       10b       10b       11a       10b       11a       10b       11a       10b       11a			6b		
and services provided to the payor?     7a     X       b     iff "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d     iff "Yes," indicate the number of Forms 8282 filed during the year.     7d     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year.     7d     7c     X       f     Did the organization receive any funds, directly or indirectly, to pay premums on a personal benefit contract?     7c     X       f     Did the organization receive a contribution of qualified intellectual property did the organization file a Form 1098-02?     7f     X       g     if the organization received a contribution of qualified intellectual property did the organization file a Form 1098-02?     7f     X       8     Sponsoring organization maintaining donor advised funds.     Did the sponsoring organization make any taxable distributions under section 4966?     8a       9     Sponsoring organization make any taxable distributions under section 4966?     9b     9b       10     Section 501(c)(7) organization and we al visable distributions or paid to other sources distribution file a Form 1041?     11a       11     Gross income from methers or share olders     11a     10a       12     Section 501(c)(12) organization is file form 800 on lieu of Form 1041?     12a       13     Section 501(c)(1	7				
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827.       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       X         d       If expanziation, during the year, pay premiums, directly, or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?.       7d       X         g       If the organization received a contribution of cas, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n       7n         sponsoring organizations maintaining donor advised funds.       Did a the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9       Sponsoring organizations maintaining donor advised funds.       10a       10b       10a       10b         10       the sponsoring organizations maintaining donor advised funds.       9b       9b       9b       9b       9b       9b         10       Sponsoring organization make a distribution to a	а				
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If Yes, "Indicate the number of Forms 8282 filed during the year.       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, or indirectly, or a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         f       Brosoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         s       Did the sponsoring organization make any taxable distribution to a donor, door advised runds.       9b       9a       9b         s       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         a       Gross income from members or shareholders.       11a       11b       12a       11b       12a         b       Gross income from members or shareholders.       11a       11b       12a       11b       12a       11b       12a       12a       11b			-		X
required to file Form 8282?       7c       x         d       If Yes," indicate the number of Forms 8282 filed during the year       7d       x         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       x         f       Did the organization receive any contribution of qualified intellectual property, did the organization file Form 1088-C?       7f       x         g       If the organization receive any contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1088-C?       7g       7h       x         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised funds, directly or indirectly, or pay time during the year?       8       8         9       Sponsoring organizations maintaining donor advised funds.       8       8       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         b       Did the sponsoring organizations. Enter:       a       10a       10a       10a       10a       10b       10a       10b       10b       11a       10a       10b       10a       10b       10a       10b       10a       10a       10a       10b       10a       10b       10b       10b       10b			7b		
d       If "Yes," indicate the number of Forms 8282 filed during the year       Id	С		-		V
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?.       7g       7d         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organizations make any taxable distribution to a donor, donor advised, funds.       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations included on Part VIII, line 12, for public use of club facilities       11a       10b       10b         12       Section 501(c)(12) organizations rules       11a       10b       10b       11a       10b       11a       10b       11a       10b       11b       12a       11b       12a       11a       11b       12a	d		7C		×
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?       8       8         9       Sponsoring organizations maintaining donor advised funds.       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10       the sponsoring organizations. Enter:       10a       10b       9b       9b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       <			70		Y
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 Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       Did the organization flee Form 1098-C?       7h         9       Sponsoring organization make excess business holdings at any time during the year?       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10a         12       Gross income from members or shareholders       11b         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13       Section 501(c)(12) qualitied nonprofit health insurance issuers.       12b       13a         14       Section 501(c)(12) qualified health plans in more than one state?       13a         13       Section 501(c)(12) qualified health plans       13a         14	_				
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?.       8a         9       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:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         12       Section 501(c)(12) organizations. Enter:       10a         13       Section 501(c)(12) organizations Enter:       11a         a       Gross income from members or shareholders.       11a         b       Gross income from other sources (Do portnet amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(12) organization is received or accrued during the year .       12b       12a         13       Section 501(c)(2) gualified match insurance issuers.       12b       13a         13       Section 501(c)(2) gualified match insurance issuers.       13a       13a					<u> </u>
8       Sponsoring organizations maintaining donor advised runds. 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 runds.       8         a       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:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders.       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).       11b         12a       Section 4947(a)(1) non-exompt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization is icreated to issue qualified health plans in more than one state?       13a         c       Enter the amount of reserves on hand .       13c         c       Enter the amount of reserves on hand .	-				
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross receipts, included on Form 900, Part VIII une 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         b       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       b       f"*es," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization is licensed to issue qualified health plans       13a       13a         Note: See the instructions for additional information the organization music parts onis					
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         2       Gross income from members or shareholders.       11a       10b         3       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(12) organization information the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization information the organization must report on Schedule O.       13a       14a       x         b       If "Yes," enter the amount of reserves on hand .       13a       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       x         b       If "Yes," sait filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.			8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10a         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from trem.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nearporf thealth insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         a       Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves on hand       13a         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14	9				
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .       10b         11       Section 501(c)(12) organizations: Enter       10a       10b         a       Gross income from members or shareholders .       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tex-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       13a         c       Enter the amount of reserves on hand.       13b       13c </th <td>b</td> <td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td> <td>9b</td> <td></td> <td></td>	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b         11       Section 501(c)(12) organizations. Enter.         a       Gross income from members or shareholders	10	Section 501(c)(7) organizations. Enter:			
11       Section 501(c)(12) organizations: Enter.       I1a       I1a         a       Gross income from members or shareholders.       I1a       I1b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       I1b       I1b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       I2a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       I3a       I3a         a       Is the organization licensed to issue qualified health plans in more than one state?       I3a       I3a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       I4a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .       I4b       I4a       X         b       If "Yes," see instructions and file Form 4720, Schedule N.       I5       X       I6       X					
a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14a       X         ls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         lf "Yes," see instructions and file Form 4720, Schedule N.       16       X <td></td> <td></td> <td></td> <td></td> <td></td>					
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year .       15       X         16       X					
against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         16       X					
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	a				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122		122		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b       14a         Jid the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       X			12a		
a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15         16       X					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X					
c       Enter the amount of reserves on hand .       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	b	e i i			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X		the organization is licensed to issue qualified health plans			
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>14b</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year</li></ul>	С				
<ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year</li></ul>	14a		14a		Х
excess parachute payment(s) during the year	b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		L
If "Yes," see instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year	15		Х
		If "Yes," see instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
		If "Yes," complete Form 4720, Schedule O.			

Form §	090 (2020) Cradle of Hope 23-7349	9015	P	age <b>6</b>
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI.	a "No ee ins	" struct	
Sect	tion A. Governing Body and Management			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a9If there are material differences in voting rights among members of the governing body, orif the governing body delegated broad authority to an executive committee or similarecommittee, explain on Schedule O.Image: Committee or SimilarImage: Committee or Similar			
b	Enter the number of voting members included on line 1a, above, who are independent 1b _ 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6 70	Did the organization have members or stockholders?	6		X
7a	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		~
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	-	)	^
000		ouc.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	^	
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		7.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		×
b	with a taxable entity during the year?	16a		Х
b,	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
<b>Sec.</b>		16b		
<u>Sec</u>	tion C. Disclosure 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 5	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		·	
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	cy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Darlene Kopesky 651-636-3127			

Form 990 (2020)	Cradle of Hope	23-7349015	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
	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 Employe	es	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with o	r 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.

(1) Ryan Kaplan       2.00       x       x       0       0         President       0.00       x       x       0       0         (2) Joseph Kueppers       2.00       x       0       0         Vice President       0.00       x       x       0       0         (3) Brian Dobie       2.00       x       x       0       0         Treasurer       0.00       x       x       0       0         (4) Kevin Brett       2.00       x       x       0       0         Secretary       0.00       x       x       0       0         Director       0.00       x       x       0       0         (6) Ann Dickinson       2.00       x       0       0         Director       0.00       x       0       0         (7) Laurie Murphy       2.00       x       0       0         (8) Shawn Smith       2.00       x       0       0         Director       0.00       x       0       0         (10       1       1       1       1         (11)       1       1       1       1	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	s pe	ition more rson irecto	e than on is both a or/trustee employee	an e) Forr	(D) Reportable compensation from the organization 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(2)         Joseph Kueppers         2.00         X         X         0         0           Vice President         0.00         X         X         0         0         0           (3)         Brian Dobie         2.00         X         X         0         0         0           Treasurer         0.00         X         X         0         0         0         0           (4)         Kevin Brett         2.00         X         X         0         0         0           Secretary         0.00         X         X         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td></td><td></td><td>v</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></t<>					v				0	0	0
Vice President         0.00         X         X         0         0           (3) Brian Dobie         2.00         X         X         0         0           Treasurer         0.00         X         X         0         0           (4) Kevin Brett         2.00         X         X         0         0           Secretary         0.00         X         X         0         0           (5) Emily Albrecht         2.00         X         0         0           Director         0.00         X         0         0           (6) Ann Dickinson         2.00         X         0         0           Director         0.00         X         0         0           (7) Laurie Murphy         2.00         X         0         0           Director         0.00         X         0         0           (9) Shawn Smith         2.00         X         0         0           Director         0.00         X         0         0           (9) Sharieka Young         2.00         X         0         0           (10)         X         0         0         0         0			<u>^</u>		^				0	0	0
(3)         Brian Dobie         2.00         X         X         0         0           Treasurer         0.00         X         X         0         0         0           (4)         Kevin Brett         2.00         X         X         0         0           Secretary         0.00         X         X         0         0         0           Secretary         0.00         X         X         0         0         0           Director         0.00         X         X         0         0         0           Director         0.00         X         0         0         0         0           (6)         Ann Dickinson         2.00         X         0         0         0           Director         0.00         X         0         0         0         0         0           (8)         Shawn Smith         2.00         X         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td>X</td><td></td><td>x</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></t<>			X		x				0	0	0
Treasurer         0:00         X         X         0         0           (4)         Kevin Brett         2.00         X         X         0         0           Secretary         0.00         X         X         0         0         0           Secretary         0.00         X         X         0         0         0           Operation         0.00         X         X         0         0         0           Director         0.00         X         0         0         0         0           Director         0.00         X         0         0         0         0         0           Operation         0.00         X         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			~		~				0		
Secretary         0.00         X         X         0         0           (5)         Emily Albrecht         2.00         0         0         0         0           Director         0.00         X         0         0         0         0           (6)         Ann Dickinson         2.00         X         0         0         0           Director         0.00         X         0         0         0         0           (7)         Laurie Murphy         2.00         X         0         0         0           Director         0.00         X         0         0         0         0           (8)         Shawn Smith         2.00         X         0         0         0           Director         0.00         X         0         0         0         0           (9)         Sharieka Young         2.00         X         0         0         0           (10)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)         (11)			х		х				0	0	0
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Director         0.00         X         0         0           (8)         Shawn Smith         2.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>			Х						0	0	0
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(9)         Sharieka Young         2.00         X         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			v						0	0	0
Director       0.00 X       0       0         (10)			~						0	0	0
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(13)	(12)										
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(14)	(14)	·									

Form 990 (2020)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)         (a) Name and size       (b) Name and size       (c) Name and siz	Form 9	990 (2020)	Cradle of H											3-7349		Page <b>8</b>
(A) Name and tile       (B) (B) (B) (B) (B) (B) (B) (B) (B) (B)	Pa	art VII	Section A. Offi	cers, Directors, T	rustees, Key Em	ploy	ees,	and	d Hi	ghes	t Co	ompensated En	nployees (d	continu	ıed)	
(15)       (16)         (16)       (17)         (18)       (19)         (19)       (19)         (20)       (10)         (21)       (10)         (22)       (10)         (23)       (10)         (24)       (10)         (25)       (10)         (26)       (10)         (27)       (10)         (28)       (10)         (29)       (10)         (20)       (10)         (21)       (10)         (22)       (10)         (24)       (10)         (25)       (10)         (26)       (10)         (27)       (10)         (28)       (10)         (29)       (10)         (20)       (10)         (21)       (10)         (22)       (10)         (24)       (10)         (25)       (10)         (26)       (10)         (27)       (10)         (28)       (10)         (29)       (10)         (20)       (10)         (21)       (10)         (22)					Average hours per week (list any hours for related organizations below	box, offic	unles er an	Pos heck ss pe d a d	ition more rson lirecto	is both or/trust	an ee)	Reportable compensation from the organization	Reportab compensa from relat organizatio	ation ted ons	Estima of comp fro organi	ted amount f other pensation om the zation and
(17)       (18)       (19)         (19)       (19)       (19)         (20)       (21)       (22)         (23)       (24)       (25)         (24)       (25)       (26)         (25)       (26)       (27)         (26)       (26)       (27)         (26)       (27)       (28)         (26)       (29)       (29)         (26)       (20)       (20)         (27)       (29)       (20)         (26)       (20)       (20)         (27)       (20)       (20)         (26)       (20)       (20)         (27)       (20)       (20)         (28)       (20)       (20)         (29)       (20)       (20)         (20)       (20)       (20)         (21)       (21)       (21)         (22)       (22)       (21)         (21)       (22)       (21)         (22)       (21)       (21)         (22)       (21)       (21)         (23)       (21)       (21)         (24)       (22)       (21)         (3)       (21)       (	(15)					-				đ						
(18)       (19)       (19)         (20)       (21)       (21)         (22)       (23)       (24)         (23)       (24)       (25)         (24)       (25)       (26)         (25)       (26)       (27)         (26)       (27)       (28)         (26)       (27)       (28)         (26)       (27)       (28)         (26)       (27)       (28)         (26)       (28)       (29)         (27)       (29)       (20)         (28)       (29)       (20)         (29)       (20)       (20)         (20)       (21)       (21)         (24)       (29)       (20)         (29)       (20)       (20)         (21)       (21)       (21)         (23)       (21)       (21)         (24)       (21)       (21)         (3)       (21)       (21)         (4)       (21)       (21)         (5)       (21)       (21)         (6)       (21)       (21)         (7)       (21)       (21)         (8)       (11)       (21)<	(16)					-										
(19)       (20)         (21)       (21)         (22)       (23)         (24)       (24)         (25)       (24)         (26)       (27)         (27)       (28)         (29)       (29)         (21)       (21)         (22)       (21)         (24)       (24)         (25)       (26)         (26)       (27)         (27)       (29)         (28)       (24)         (29)       (20)         (21)       (21)         (24)       (24)         (25)       (24)         (24)       (25)         (24)       (26)         (25)       (27)         (24)       (28)         (25)       (21)         (26)       (21)         (27)       (21)         (28)       (21)         (29)       (21)         (20)       (21)         (21)       (21)         (22)       (21)         (23)       (21)         (24)       (23)         (35)       (21)         (36)	(17)					-										
(20)       (21)         (21)       (22)         (23)       (24)         (24)       (24)         (25)       (24)         (24)       (25)         (25)       (26)         (26)       (27)         (27)       (28)         (28)       (29)         (24)       (21)         (25)       (21)         (26)       (21)         (27)       (21)         (28)       (21)         (29)       (21)         (21)       (21)         (22)       (21)         (24)       (21)         (24)       (21)         (24)       (21)         (25)       (21)         (26)       (21)         (27)       (21)         (28)       (21)         (29)       (21)         (21)       (21)         (22)       (21)         (23)       (21)         (24)       (21)         (25)       (21)         (26)       (21)         (27)       (21)         (3)       (21)         (4)	(18)					-										
(21)       (23)         (23)       (24)         (24)       (25)         (25)       (26)         (26)       (27)         (26)       (28)         (27)       (29)         (28)       (29)         (29)       (29)         (29)       (29)         (20)       (20)         (25)       (20)         (26)       (20)         (27)       (20)         (28)       (20)         (29)       (20)         (20)       (20)         (21)       (20)         (22)       (20)         (24)       (20)         (25)       (20)         (26)       (20)         (27)       (21)         (20)       (21)         (21)       (21)         (22)       (21)         (23)       (21)         (24)       (21)         (25)       (21)         (26)       (21)         (27)       (21)         (28)       (21)         (29)       (21)         (20)       (21)         (3)	(19)					-				ć						
(22)       (23)         (24)       (24)         (25)       0       0         (25)       0       0         (26)       0       0       0         (27)       0       0       0         (26)       0       0       0       0         (27)       0       0       0       0       0         (26)       0       0       0       0       0       0         (26)       0       0       0       0       0       0       0         (26)       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	(20)					-						0				
(23)       (24)         (25)       0       0         1b       Subtotal       0       0         c       Total form continuation sheets to Part VII, Section A.       0       0       0         1       Cotal form continuation sheets to Part VII, Section A.       0       0       0       0         2       Total (add lines to and 1c).       0       0       0       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       Ves       No         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on the organization? If "Yes," complete Schedule J for such person.       5       X         5       Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of c	(21)					-										
(24)       0       0       0         (25)       0       0       0       0         (25)       0       0       0       0       0         (25)       0       0       0       0       0       0         (26)       0       0       0       0       0       0       0         (25)       0       0       0       0       0       0       0       0         (27)       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	(22)															
(25)       0       0         1b       Subtotal       0       0         c       Total from continuation sheets to Part VII, Section A.       0       0       0         d       Total (add lines 1b and 1c).       0       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0       0       0       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       (a)       (b)       (c)       (c)         Name and business address       Description of services       (c)       (c)         Name and business address       Description of services	(23)															
1b       Subtotal       0       0       0         c       Total from continuation sheets to Part VII, Section A.       0       0       0       0         d       Total (add lines to and 1c).       0       0       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0       0       0       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         5       Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       0         1       Complete this table for your five highest address       Description of services       Compensation         1       Complete this t	(24)															
c       Total from continuation sheets to Part VII, Section A	(25)															
d       Total (add lines 1b and 1c).       0       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         5       Did any person listed on line 1a receive or accrue compensation for the calendar year ending with or within the organization's tax year.       6       C         0	1b	Subtotal										0		0		0
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       1       Compensation for the organization. Report compensated independent contractors that received more than \$100,000 of compensation.       0         (A)       (B)       (C)       Compensation       0         (A)       (B)       (C)       0         Name and business address       0       0       0         (A)	С	Total from	n continuation s	heets to Part VII,	Section A.							0		0		0
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year.       0         (A)       (B)       (C)         Name and business address       0       0         0       0       0       0         1       Total number of independent contractors (including but not limited to those listed above) who received       0		Total num	ber of individuals	(including but not	limited to those lis							-		0		0
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       0         (A)       (B)       (C)         Name and business address       0       0         0       0       0         0       0       0         1       Total number of independent contractors (including but not limited to those listed above) who received       0		reportable	compensation fr	om the organizatio	on 🕨											
4       For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3															
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any in the organi	dividual listed on zation and related	line 1a, is the sum d organizations gro	n of reportable cor eater than \$150,00	mpen 00? <i>l</i> :	satio f "Ye	on a əs, "	nd c <i>con</i>	other <i>plete</i>	con Sc	npensation from hedule J for suc				
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         0       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0         1       0       0 </td <td>5</td> <td></td> <td></td> <td>e 1a receive or ac</td> <td>crue compensatio</td> <td>on fro</td> <td>m ar</td> <td>ny u</td> <td>nrel</td> <td>ated</td> <td>orga</td> <td>anization or indiv</td> <td></td> <td></td> <td>5</td> <td></td>	5			e 1a receive or ac	crue compensatio	on fro	m ar	ny u	nrel	ated	orga	anization or indiv			5	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0         0       0       0	Sect				,									<u> </u>	•	7.
(A) Name and business address     (B) Description of services     (C) Compensation       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       0     0       1     0       0     0       1     0       0     0       1     0       0     0       1     0       1     0	1														ax yea	ır.
0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0				(A)								(B)			(C)	
0       0         0       0         1       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0																0
Contractors (including but not limited to those listed above) who received																
2         Total number of independent contractors (including but not limited to those listed above) who received         0																
2 Total number of independent contractors (including but not limited to those listed above) who received																
	2				-		o tho	se l	iste	d abo		who received				0

	990 (202					23-73490	15 Page <b>9</b>
Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line in				🛄
				<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under
	10	Federated campaigns	<b>a</b> 0				sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns					
Gra	D C	Fundraising events					
Am (	d	Related organizations					
lar İar	e	Government grants (contributions) 1					
ns,	-	All other contributions, gifts, grants, and	000,100				
er S		similar amounts not included above <b>1</b>	f 245,844				
Libr	q	Noncash contributions included in					
ontio	5		<b>g</b> \$ 6,334				
ອັບັ	h	Total. Add lines 1a–1f		579,024			
			Business Code				
e	2a			0			
Ξe	b			0			
Se	С			0			
Program Service Revenue	d			0			
2 2 2 2	е			0			
Pro	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, intere					
		other similar amounts)		9,172			
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	C	Rental income or (loss) 6c	0 0				
	d	Net rental income or (loss)	►	0			
	7a	sales of assets	(iii) Onnei				
		other than inventory <b>7a</b>	0 0				
e	b	Less: cost or other basis	0				
nu	D D	and sales expenses 7b	0 0				
e Ke	с	Gain or (loss) 7c	0 0				
Ř	-			0			
Other Reven		Gross income from fundraising					
ō		events (not including \$					
		of contributions reported on line 1c).					
		See Part IV, line 18	<b>a</b> 0				
	b	Less: direct expenses 8					
	С	Net income or (loss) from fundraising events .	🕨	0			
	9a	Gross income from gaming activities.					
			<b>a</b> 0				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activities .	<u></u> ▶	0			
	10a	Gross sales of inventory, less					
	1-	returns and allowances					
		Less: cost of goods sold		^			
	С	Net income or (loss) from sales of inventory .	Business Code	0			
snc	11a		Dusiness Code	0			
cellaneo Revenue	b			0			
Ver	5			0			
Miscellaneous Revenue	h	All other revenue		0		<u> </u>	
Ξi	A	Total. Add lines 11a–11d.         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         . <td></td> <td>0</td> <td></td> <td></td> <td></td>		0			
	12	Total revenue. See instructions		588,196	0	0	0
					. 0		Form <b>990</b> (2020)

	Statement of Functional Expenses         (a) (2) and 501(a) (4) arranizations must complete all a	olumno All athair -	rappizationa must -	23-734	9015 Page <b>10</b>
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note t				🗖
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		1	5 1	
	domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22	353,049	353,049		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0	0		
4	individuals. See Part IV, lines 15 and 16	0	0		
4 5	Compensation of current officers, directors,	0	0		
5	trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified	0	0	0	0
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	177,372	118,425	5,895	53,052
8	Pension plan accruals and contributions (include	,		-,	,
	section 401(k) and 403(b) employer contributions) .	5,169	3,476	169	1,524
9	Other employee benefits	3,013	3,013	0	0
10	Payroll taxes	14,117	9,398	472	4,247
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	3,175	2,858	0	317
12	Advertising and promotion	0	0	0	0
13	Office expenses	29,109	7,064	0	22,045
14	Information technology	2,936	2,696	0	240
15		0	0	0	0
16		38,238	34,414	0	3,824
17		5	5	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	o	0
19		0	0	0	0
20		0	0	0	0
20	Interest       Payments to affiliates       Payments       Payments<	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23		10,492	9,443	0	1,049
24	Other expenses. Itemize expenses not covered	10,432			1,040
	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		0	0	0	0
b		0	0	0	0
с		0	0	0	0
d		0	0	0	0
е	All other expenses	3,532	3,179	0	353
25	Total functional expenses. Add lines 1 through 24e	640,207	547,020	6,536	86,651
26	Joint costs. Complete this line only if the			Т	
	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)				

	990 (20				23-7349015 Page <b>11</b>
Pa	art X				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	100,240	1	77,800
	2	Savings and temporary cash investments	172,049	2	142,433
	3	Pledges and grants receivable, net	11,320	3	27,957
	4	Accounts receivable, net	54,817	4	(
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	(
	6	Loans and other receivables from other disqualified persons (as defined			
رم س	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	(
Assets	7	Notes and loans receivable, net	0	7	(
Se	8	Inventories for sale or use	0	8	34,563
	9	Prepaid expenses and deferred charges	7,519	9	4,739
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	(
	11	Investments—publicly traded securities	0	11	(
	12	Investments—other securities. See Part IV, line 11	0	12	(
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	2,774	15	2,77
	16	Total assets. Add lines 1 through 15 (must equal line 33)	348,719	16	290,260
	17	Accounts payable and accrued expenses	16,290	17	9,848
	18	Grants payable	0	18	(
	19		0	19 20	
	20	Tax-exempt bond liabilities	0	20	
رن م	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
tië	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	
LIA	23	Secured mortgages and notes payable to unrelated third parties	0	22	
	23	Unsecured notes and loans payable to unrelated third parties	0	23	(
	25	Other liabilities (including federal income tax, payables to related third	0	27	
	20	parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	(
	26	Total liabilities. Add lines 17 through 25	16,290	26	9,848
S		Organizations that follow FASB ASC 958, check here ► X	10,200		0,01
ő		and complete lines 27, 28, 32, and 33.			
a	27	Net assets without donor restrictions	332,429	27	280,418
ng	28	Net assets with donor restrictions	0	28	200,410
	20	Organizations that do not follow FASB ASC 958, check here	0	20	
Ľ		and complete lines 29 through 33.			
Ъ	29	Capital stock or trust principal, or current funds	0	29	(
SIS	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
τ	32	Total net assets or fund balances	332,429	32	280,418
Net Assets or Fund Balances	33	Total liabilities and net assets/fund balances	348,719		290,266
	00		0-0,713	00	Form <b>990</b> (2020

Form	990 (2020)	Cradle of Hope	23-7349	015	Page	∍ <b>12</b>
Par	t XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total r	evenue (must equal Part VIII, column (A), line 12)	1		588	,196
2	Total e	xpenses (must equal Part IX, column (A), line 25)	2		640	,207
3	Reven	ue less expenses. Subtract line 2 from line 1..............................	3		-52	,011
4		sets or fund balances at beginning of year (must equal Part X, line 32, column (A))......	4		332	,429
5		realized gains (losses) on investments	5			0
6		ed services and use of facilities	6			0
7			7			0
8	Prior p	eriod adjustments	8			0
9 10	Other o	changes in net assets or fund balances (explain on Schedule O)	9			0
10			10		280	,418
Part	XII	Financial Statements and Reporting			200	,
		Check if Schedule O contains a response or note to any line in this Part XII.			. [	
					Yes	No
1	Accour	nting method used to prepare the Form 990: Cash X Accrual Other				
	If the o	rganization changed its method of accounting from a prior year or checked "Other," explain in				
	Sched	ule O.				
2a		he organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
		" check a box below to indicate whether the financial statements for the year were compiled or				
		ed on a separate basis, consolidated basis, or both:				
	Se	parate basis Consolidated basis Both consolidated and separate basis				
b		he organization's financial statements audited by an independent accountant?		2b		Х
		," check a box below to indicate whether the financial statements for the year were audited on a				
	separa	te basis, consolidated basis, or both:				
	Se	parate basis Consolidated basis Both consolidated and separate basis				
С	lf "Yes	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
		dit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
		rganization changed either its oversight process or selection process during the tax year, explain on				
	Sched					
3a		esult of a federal award, was the organization required to undergo an audit or audits as set forth in				
		Igle Audit Act and OMB Circular A-133?		3a		Х
b		," did the organization undergo the required audit or audits? If the organization did not undergo the ad audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		3b		
	require	a addit of addits, explain why on ochedate of and describe any steps taken to undergo such addits .		Form S	<b>990</b> (*	2020)
				FOIIII	550 (2	2020)
		*				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

2020 Open to Public

OMB No. 1545-0047

	evenue Service	Go to www.irs.gov/Form	n990 for instructions an	id the late	st Informa	1	Inspection
Cradle of	the organization					Employer identification	49015
Part I		Charity Status. (All or	rganizations must co	omplete t	his part.)		49013
	anization is not a private for						
1	A church, convention of cl	hurches, or association o	of churches described in	n section	170(b)(1)	(A)(i).	
2	A school described in sec	tion 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990 or 99	90-EZ).)		
3	A hospital or a cooperative	e hospital service organi	zation described in sec	tion 170(	b)(1)(A)(ii	i).	
4	A medical research organ	ization operated in conju	inction with a hospital c	lescribed	in <b>section</b>	<b>170(b)(1)(A)(iii).</b> En	iter the
	hospital's name, city, and	state:	·				
5	An organization operated section 170(b)(1)(A)(iv).		ge or university owned	or operate	⊧d by a go	vernmental unit desc	cribed in
6	A federal, state, or local g	overnment or governme	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	v).	
7 X	An organization that norm described in <b>section 170</b> (			om a gove	rnmental ι	init or from the gene	ral public
8	A community trust describ	bed in section 170(b)(1)(	A)(vi). (Complete Part	II.)			
9	An agricultural research o or university or a non-lanc university:	d-grant college of agricult	ture (see instructions).	Enter the	name, city	/, and state of the co	llege or
10	An organization that norm receipts from activities rela support from gross investi acquired by the organizati	ated to its exempt function ment income and unrelated to the second seco	ons—subject to certain ted business taxable in	exception come (les	is, and (2) s section {	no more than 33 1/3 511 tax) from busine	3% of its
11	An organization organized	d and operated exclusive	ly to test for public safe	ety. See <b>s</b> e	ection 509	∂(a)(4).	
12	An organization organized of one or more publicly su Check the box in lines 12a	ipported organizations de	escribed in section 509	9(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а	the supported organiza	rganization operated, sup ation(s) the power to regu <b>st complete Part IV, Sec</b>	ularly appoint or elect a				
b	control or managemen	organization supervised o t of the supporting organ nust complete Part IV, S	ization vested in the sa				
С	Type III functionally in	ntegrated. A supporting tion(s) (see instructions).	organization operated i				rated with,
d	Type III non-functiona	ally integrated. A suppor integrated. The organization	rting organization opera	ated in cor	nnection w	vith its supported org	
		uctions). You must com					entiveness
е	Check this box if the or	rganization received a wr	ritten determination fror	n the IRS	that it is a		e III
		or Type III non-functiona		ng organiz	ation.		
f	Enter the number of support Provide the following inform	0					0
<b>g</b> (i)	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						0	0

	dule A (Form 990 or 990-EZ) 2020 Cradle of H					23-73490	15 Page <b>2</b>
Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sect	ions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checke	ed the box on lir	ne 5, 7, or 8 of	Part I or if the c	organization fai	led to qualify ur	nder
	Part III. If the organization fa	ils to qualify un	der the tests lis	ted below, plea	ase complete F	Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	508,028	716,550	717,436	739,194	579,024	3,260,232
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	508,028	716,550	717,436	739,194	579,024	3,260,232
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						3,260,232
	tion B. Total Support		1				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	508,028	716,550	717,436	739,194	579,024	3,260,232
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from		0.050	0.005		0.470	(= 000
•		9,022	8,650	9,295	9,090	9,172	45,229
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on	0	0	0	0	0	0
40	с ,	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	<b>Total support.</b> Add lines 7 through 10	0	0	0	0	0	3,305,461
12	Gross receipts from related activities, etc. (se		ļ			12	0,000,401
13	First 5 years. If the Form 990 is for the orga						
	organization, check this box and <b>stop here</b> .						
Sec	tion C. Computation of Public Su	oport Percenta	de				
14	Public support percentage for 2020 (line 6, c		0	f))		14	98.63%
15	Public support percentage from 2019 Schedu	.,				15	98.56%
16a	33 1/3% support test—2020. If the organization					ck this box	
	and stop here. The organization qualifies as						<b>.</b> 🕨 🗙
b	33 1/3% support test-2019. If the organization	ation did not check	a box on line 13 or	16a, and line 15 is	s 33 1/3% or more	, check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	η			
17a	10%-facts-and-circumstances test-2020	. If the organizatior	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	4	
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts		0	•	. ,		
L	organization						Þ 📘
a	<b>10%-facts-and-circumstances test—2019</b> 15 is 10% or more, and if the organization me	Ũ					
	in Part VI how the organization meets the fac						
	organization		•	•			
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b. <sup>2</sup>	17a, or 17b, check	this box and see		
	instructions						🕨 📃
-							

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt III Support Schedule for Orga						
	(Complete only if you checke					qualify under P	Part II.
	If the organization fails to qua	alify under the t	ests listed belo	ow, please com	plete Part II.)		
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						0
2	received. (Do not include any "unusual grants.") 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						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the						0
-	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
с	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	ction B. Total Support						
Cale	endar 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	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.).						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.).	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga		ond, third, fourth, c	or fifth tax year as a		-	<u> </u>
	organization, check this box and stop here .						🕨 🗌
Sec	ction C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2020 (line 8, c	olumn (f), divided b	y line 13, column	(f))		15	0.00%
16	Public support percentage from 2019 Schedu	ule A, Part III, line 1	5			16	0.00%
Sec	ction D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2020 (line	10c, column (f), di	vided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2019 So					18	0.00%
19a	33 1/3% support tests—2020. If the organized						. —
	not more than 33 1/3%, check this box and <b>s</b>				-		🕨 📘
b	<b>33 1/3% support tests—2019.</b> If the organiz						
	line 18 is not more than 33 1/3%, check this l	-	-				
20	Private foundation. If the organization did r	lot check a box on	iine 14, 19a, or 19	b, check this box a	ind see instructions		🕨 📘

Schedule A (Form 990 or 990-EZ) 2020 Cradle of Hope

23-7349015

Page **3** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
τu		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
-		
9c		
10a		
10b		

		23-7349015	Р	age 🤇
Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	INC
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11a		
D C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro			
C	detail in <b>Part VI.</b>	11c		
loci	ion B. Type I Supporting Organizations			
eci	ion B. Type i Supporting Organizations		Yes	N
1	Did de la complete de		res	
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic dispersive or two to a support of the organization of the text was 2 if "No " describe in <b>Part VI</b> have the supported expension of the text was 2 if "No " describe in <b>Part VI</b> have the support of the organization of the text was 2 if "No " describe in <b>Part VI</b> have the support of the organization of the text was 2 if "No " describe in <b>Part VI</b> have the support of the organization of the organization of the text was 2 if "No " describe in <b>Part VI</b> have the support of the organization of the orga	315,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	norted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	- , ,,			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		_
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Par</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
<u>`</u>	supervised, or controlled the supporting organization.	2		
eci	ion C. Type II Supporting Organizations		Yes	N
	More a majority of the argenization's directors or trustees during the tax year also a majority of the directors		res	INC
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
0.01	the supported organization(s). ion D. All Type III Supporting Organizations	1		
eci	ion D. An Type in Supporting Organizations		Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pr	or tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	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			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b>			
3	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	<i>,</i>		
	a significant voice in the organization's investment policies and in directing the use of the organization's income or appeted to the arranization's finance of a second s			
	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.

#### 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 instructions).

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

2a

2b

3a

3

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiz		549015 Page 0
1 Check here if the organization satisfied the Integral Part Test as a qualifyi			in Part VII) Soo
instructions. All other Type III non-functionally integrated supporting orga	•		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	1c		
<b>d Total</b> (add lines 1a, 1b, and 1c)	1d	0	0
e Discount 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	0	0
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0

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

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi		3-7349015 Page 1
	on D - Distributions	/ oupporting organi	zations (continued)	Current Year
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemption		1	
2	organizations, in excess of income from activity	or purposes or supported		
3		os of supported organiza	tions	
4		es of supported organiza	10015	
	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part VI</b>	0	
6			)	
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive	0
Ū	(provide details in <b>Part VI</b> ). See instructions.	ie organization is respon	13170	
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required— <i>explain in Part VI</i> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from			
	Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	-
	Applied to 2020 distributable amount			0
	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result		-	
	greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain</i>			
	in <b>Part VI.</b> See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j			
0	and 4c. Breakdown of line 7:	0		
8				
<u>a</u>				
<u>b</u>				
<u> </u>				
d				
e	Excess from 2020 0			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fe	orm 990 or 990-EZ) 2020 Cradle of Hope	23-7349015	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section E,	

SCHEDULE I			Grants and	Grants and Other Assistance to Organizations,	ance to Organ	izations,		OMB No. 1545-0047
(Form 990)		-	Government Complete if the org	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Lals in the Uni es" on Form 990, Part	ted States IV, line 21 or 22.		2020
Department of the Treasury				<ul> <li>Attach to Form 990.</li> <li>Go to www irs cou/Form 900 for the latest information</li> </ul>	orm 990. for the latest information	2		Open to Public Inspection
Name of the organization			2				Employer identification number	cation number
Cradle of Hope							23.	23-7349015
Part I General	General Information on Grants and Assistance	າ Grants a	nd Assistance					
1 Does the organi.	zation maintain re	cords to sub	stantiate the amoul	nt of the grants or assis	stance, the grantees' e	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	r assistance, and	
the selection crit	the selection criteria used to award the grants or assistance? . Describe in Part IV the organization's procedures for monitoring	d the grants		the use of grant funds in the United States	n the United States	· · · ·	· · · ·	X Yes No
art II	and Other Assi	stance to	Domestic Organ	nizations and Dome	estic Governments	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	janization answered	l "Yes" on Form
990, Par	rt IV, line 21, for	any recipie	990, Part IV, line 21, for any recipient that received	more than \$5,000. F	art II can be duplic	more than \$5,000. Part II can be duplicated if additional space is needed.	ice is needed.	
<b>1</b> (a) Name and address of organization or government		(p) 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
(1)								
(2)								
(3)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total numb	oer of section 501(	c)(3) and go	vernment organiza	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	table		· · · · · · · · · · · · · · · · · · ·	
3 Enter total numb	oer of other organi	zations liste	Enter total number of other organizations listed in the line 1 table	· · · ·	· · · ·	· · · ·		0
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ion Act Notice, see	e the Instruc	tions for Form 990.					Schedule I (Form 990) 2020

HTA

Cradle of Hope Schedule I (Form 990) 2020					20-1048010
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	omestic Individu	als. Complete if the	organization answe	sred "Yes" on Form 990	
Part III can be duplicated if additional space is need	al space is needed.		)		
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Rent/Mortgage Assistance	358	232,079			
Safe Slumber Program (Portabe Crib Distribution) 2	1,598		102,402		
Utilities Assistance 3	21	7,808			
Medical Costs Assistance	4	2.400			
Child Care Assistance	~	1,460			
Baby Shower Baskets	113		6.720		
Transportation Assistance	C	1			
				(b), and any ouner add	
					Schedule I (Form 990) 2020

23-7349015

Cradle of Hope

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

2020	
Open to Public	

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
Cradle of Hope		23-7349015
Form 990, Part VI, Sec	tion Section B, Line Line 11b: Part VI, Section B Line 11b: The	
Treasurer, Executive D	irector, and Bookkeeper review and complete the 990. The 990, including	
all schedules, is review	red by the Board of Directors before filing the form.	
Form 990, Part VI, Sec	tion Section B, Line Line 12c: Part VI, Section B, Line 12c: Cradle of	
Hope has a written Cor	nflict of Interest policy. Officers, directors, trustees, and key	
	d to disclose annually interests that could give rise to conflicts.	
	ly and consistently monitors and enforces compliance with the policy by	
	nually and taking immediate action if needed.	
	tion Section C, Line Line 19: Part VI, Section C, Line 19: Cradle of	
	ecent 990 on our public website, where it can be reviewed publicly by	
anyone who is intereste	ed.	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
Cradle of Hope	23-7349015
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