### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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. 2019 A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change HCS FAMILY SERVICES Name change 36-2174821 Doing business as Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 630-323-2500 19 E CHICAGO AVE City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 1,185,666. Amended return HINSDALE, IL 60521 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN EISEL for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.HCSFAMILYSERVICES.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Other > L Year of formation: 1937 M State of legal domicile: IL ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: IS DEDICATED TO STRENGTHENING Activities & Governance OUR COMMUNITY BY REDUCING HUNGER AND PROMOTING SELF-SUFFICIENCY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 900 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 1,082,366. 1,155,908. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 1,049.4,500. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,724. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,664. 11 1,087,079. 1,178,132. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 777,854. 765,644. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 204,945. 200,572. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 90,388. 80,222. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,046,438. 1,073,187. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,892. 131,694. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 281,235. 461,067. 20 Total assets (Part X, line 16) 2,781. 2,781 21 Total liabilities (Part X, line 26) 三年 278,454. 458,286 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BOB LASSANDRELLO, VICE-CHAIRPERSON Here Type or print name and title

Preparer's signature

JILL M. BOYLE, CPA

PTIN

Phone no. (630)566-8400

P01246734

36-3168081

X Yes

Date

02/26/20 self-employed

Firm's EIN ▶

NAPERVILLE, IL 60563-2349

Firm's address 1415 W. DIEHL RD. SUITE 400

May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

Print/Type preparer's name

JILL M. BOYLE, CPA

Firm's name SIKICH LLP

ı a	Check if Schedule O contains a response	-							
1	Briefly describe the organization's mission:	or note to any line in the rare in							
•	HCS FAMILY SERVICES IS D	EDICATED TO STRENG	THENING OUR COMMUNITY	Z BY					
	REDUCING HUNGER AND PROM								
2	Did the organization undertake any significant p								
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedu			Yes X No					
3	Did the organization cease conducting, or make		cts. any program services?	Yes X No					
	If "Yes," describe these changes on Schedule C		, , , ,						
4	Describe the organization's program service acc								
	Section 501(c)(3) and 501(c)(4) organizations are revenue, if any, for each program service reported		ants and allocations to others, the total e	xpenses, and					
4a	(Code: ) (Expenses \$ 953,	986 • including grants of \$	765,644.) (Revenue\$	)					
	FOOD PANTRY SERVICES - PROVIDES FAMILIES WITH NUTRITIOUS FOODS AND HOUSEHOLD ITEMS BASED ON INDIVIDUAL PREFERENCES AND NEEDS.								
	HOUSEHOLD ITEMS BASED ON	INDIVIDUAL PREFERI	ENCES AND NEEDS.						
	-								
41-	/- \ \/-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
4b	(Code: ) (Expenses \$	including grants of \$		)					
	-								
	-								
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)					
4d	Other program services (Describe in Schedule C	0.)							
	,	g grants of \$	) (Revenue \$	)					
4e	Total program service expenses	953,986.		_ 000					
				Form <b>990</b> (2018)					

# Form 990 (2018) HCS FAMILY SERVICES Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3)  If "Yes " complete Schedule A			162	No
If "Yes " complete Schedule A	or 4947(a)(1) (other than a private foundation)?			
		1	X	
•		2	Х	
	olitical campaign activities on behalf of or in opposition to candidates for			
		3		Х
	ation engage in lobbying activities, or have a section 501(h) election in effect			
		4		Х
	or 501(c)(6) organization that receives membership dues, assessments, or			
		5		Х
	funds or any similar funds or accounts for which donors have the right to	_		
		6		Х
	in easement, including easements to preserve open space,	-		
		7		х
	" Too, complete conceans B, Tart "	<del>'</del> +		
	s of art, historical treasures, or other similar assets? If "Yes," complete			v
Schedule D, Part III		В		_X_
-	ne 21, for escrow or custodial account liability, serve as a custodian for			
amounts not listed in Part X; or provide credit cou	inseling, debt management, credit repair, or debt negotiation services?	_		37
•		9		_X_
	organization, hold assets in temporarily restricted endowments, permanent			
	inplote concedio 2, fait v	0		<u> X</u>
11 If the organization's answer to any of the followin	g questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
as applicable.				
a Did the organization report an amount for land, b	uildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
Part VI	<u>1</u>	1a	Х	
<b>b</b> Did the organization report an amount for investr	nents - other securities in Part X, line 12 that is 5% or more of its total			
assets reported in Part X, line 16? If "Yes," comp	lete Schedule D, Part VII	1b		X
	nents - program related in Part X, line 13 that is 5% or more of its total			
assets reported in Part X, line 16? If "Yes." comp	lete Schedule D, Part VIII	1c		X
	ssets in Part X, line 15 that is 5% or more of its total assets reported in			
		1d		X
		1e		X
	nancial statements for the tax year include a footnote that addresses			
		1f	х	
	t audited financial statements for the tax year? If "Yes," complete	İ		
0 1 1 1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	2a	х	
•	dependent audited financial statements for the tax year?			
	•	2b		Х
	, , ,	3		X
14a Did the organization maintain an office, employee		4a		X
	s, or agents outside of the United States?  expenses of more than \$10,000 from grantmaking, fundraising, business,	<i>.</i> u		
	e the United States, or aggregate foreign investments valued at \$100,000			
· · · · · · · · · · · · · · · · · · ·		4b		Х
	nd IV	+D		
		_		Х
	e F, Parts II and IV	5		
				v
	=======================================	6		<u> </u>
-	15,000 of expenses for professional fundraising services on Part IX,	_		v
	— — — — — — — — — — — — — — — — — — —	7		<u> </u>
18 Did the organization report more than \$15,000 to	tal of fundraising event gross income and contributions on Part VIII, lines		Ψ,	
		8	Х	
1c and 8a? If "Yes," complete Schedule G, Part II				
1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of	,		I	
1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of complete Schedule G, Part III		9		X
1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of complete Schedule G, Part III  20a Did the organization operate one or more hospital	facilities? If "Yes," complete Schedule H	0a		X
1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of complete Schedule G, Part III  20a Did the organization operate one or more hospital  b If "Yes" to line 20a, did the organization attach a	I facilities? If "Yes," complete Schedule H 2 copy of its audited financial statements to this return? 2			
1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of complete Schedule G, Part III  20a Did the organization operate one or more hospita  b If "Yes" to line 20a, did the organization attach a  21 Did the organization report more than \$5,000 of g	facilities? If "Yes," complete Schedule H	0a		

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Form 990 (2018) HCS FAMILY SERVICES
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\vdash$
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
له	any tax-exempt bonds?	24c 24d		$\vdash$
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		$\vdash$
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<del></del>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	├─
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
00	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	20		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		<del> </del>
<del>-</del>	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 19?			1
	Note. All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	۵		
00000		1c	990	<u>l</u> (2018)
o3200 <sup>2</sup>	1 12-31-18	FUITI	550	(2010)

#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 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)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website \_\_\_ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STAN COOK - 630-323-2500 E CHICAGO AVE, HINSDALE, 60521 19

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)  Name and Title	(B) Average hours per week	(do box		(C Posi heck i	ition	than o	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JON MCCOY (RESIGNED 5/31/19) DIRECTOR	1.00	х						0.	0.	0.
(2) DONNA COOPER	1.00								•	
DIRECTOR		Х						0.	0.	0.
(3) REVEREND KATIE HINES-SHAH	1.00								-	
DIRECTOR		Х						0.	0.	0.
(4) JANE FREELUND-WAREHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(5) BOB LASSANDRELLO	1.00									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(6) JOHN EISEL	1.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(7) MARK BARHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MARY HENTHORN	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) MEG POUND	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) JESSIE BARRETT	1.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(11) PAM GARVIN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(12) SUSAN KRAWCZYK	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(13) JOEL PUNDMANN	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(14) ERIN SHARKEY	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) SHEIKH HASSAN MOSTAFA ALY	1.00	.,							_	0
DIRECTOR  (16) DAVE KENDALI	1 00	Х						0.	0.	0.
(16) DAVE KENDALL	1.00	v							_	^
DIRECTOR (17) MARIANNE POKORNY	1.00	Х				$\vdash$		0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
DINECTOR	1	Λ	<b>I</b>			l		1 0.	U •	Form <b>990</b> (2019)

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36-2174821

Part VII   Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	Compensated Employee	s (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average hours per	(do not check more than one						Reportable	Reportable		Estima	
	week					is bot or/trus		compensation from	compensation from related	- 1	amoun othe	
	(list any	tor						the	organizations		compens	
	hours for	r direc				ped		organization	(W-2/1099-MIS	C)	from t	
	related	stee o	rustee			oensa†		(W-2/1099-MISC)			organiza	
	organizations below	al tru	onal t		oloyee	oom e					and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	tions
(18) SHAZIA SULTAN	1.00	드	트	0	3	工品	Ľ.			-		
DIRECTOR		x						0.		0.		0.
(19) STAN COOK	40.00											
EXECUTIVE DIR.				Х				64,000.		0.		0.
										$ \bot  $		
		1										
			_			-				$\longrightarrow$		
		1										
_			┢			-				$\dashv$		
		1										
-			$\vdash$							$\dashv$		
		1										
										$\neg$		
1b Sub-total							▶	64,000.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	64,000.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	o r	eceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	_
3 Did the organization list any <b>former</b> officer,	director or tru	ıcta	o ka	w or	nnlo	)\/AA	٥r	highest compensated er	mplovee on	ſ	103	110
line 1a? If "Yes," complete Schedule J for s	-			•	•	•					3	Х
4 For any individual listed on line 1a, is the su												+
and related organizations greater than \$150											4	Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	uch ,	pers	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith d	or wi	ithir		ear.			
<b>(A)</b> Name and business	address	NT	INC					(B) Description of s	ervices	C	(C) ompensation	on
		147	2111					2 300011121110111011				
2 Total number of independent contractors (in \$100,000 of compensation from the organic		ot lir	nite	d to		se lis )	stec	l above) who received me	ore than			
# 100,000 or compensation from the organi.	-41011					_					- 000	

		Check if Schedule O cont	ains a resnonse	or note to any lin	e in this Part VIII			
		Gricon il Correddie O corre	ино и теоропос	or mote to arry in	(A)	(B)	(C)	( <b>D</b> ) Revenue excluded
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
9 0	1 2	Federated campaigns	1a					312 314
nt s								
يَّ ق				18,097.	-			
fts, Ar		Fundraising events		10,057.				
ig ig		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions sifts gran						
utic er	т	All other contributions, gifts, gran	15, and	137,811.				
들 된		similar amounts not included above		721,607.	-			
on		Noncash contributions included in lines			1,155,908.			
O a	n	Total. Add lines 1a-1f						
	_			Business Code				
ice	2 a							
erv ne	b							
n S	C							
gra Be	d							
Program Service Revenue	e							
-		All other program service reve		•				
		Total. Add lines 2a-2f						
	3	Investment income (including			4,500.			4,500.
		other similar amounts)			4,300.			4,300.
	4	Income from investment of tax						
	5	Royalties						
	_		(i) Real	(ii) Personal	-			
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	D	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
		Net gain or (loss)		<b>&gt;</b>				
ne	8 а	Gross income from fundraising						
Other Revenu			97. of					
Re		contributions reported on line	•	25,258.				
ē		Part IV, line 18		7,534.	-			
₹		Less: direct expenses			17 724			17 724
		Net income or (loss) from fund		<b>&gt;</b>	17,724.			17,724.
	<b>у</b> а	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gam		<b>D</b>				
	10 a	Gross sales of inventory, less						
		and allowances			-			
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
ŀ	44 -	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	q	All other revenue						
		Total. Add lines 11a-11d						
		Total ravanua See instructions		<u> </u>	1.178.132.	0.	0	22 224

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 765,644. 765,644. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 64,000. 46,080. 5,120. 12,800. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 108,546. 78,153. 8,684. 21,709. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 28,026. 20,179. 2,242. 5,605. 10 Payroll taxes Fees for services (non-employees): Management 15. 15. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,070. 11,026. 4,311. 3,645. column (A) amount, list line 11g expenses on Sch O.) 1,070. 524. 546. Advertising and promotion 12 Office expenses 13 8,985. 6,469. 719. 1,797. Information technology 14 15 Royalties 187. 187. 16 Occupancy 398. 398. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 14,135. 13,005. 565. 565. Depreciation, depletion, and amortization 22 11,513. 9,210. 2,303. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 13,328. 5,198. 2,266. 5,864. CONTRACT SERVICES 1,144. PRINTING AND SUPPLIES 6,796. 1,023. 4,629. 5,492. 4,394. 1,098. REPAIRS AND MAINTENANCE 1,209. 1,209. BANK FEES 6,068. 3,065. 2,659. 344. All other expenses 1,046,438. 953,986. 34,405. 58,047. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2018)

if following SOP 98-2 (ASC 958-720)

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			231,860.	1	1,526
	2	Savings and temporary cash investments				2	365,758
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4	48,637	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	(3)(B), and contributing				
		employers and sponsoring organizations of sect	ion 501(	c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	te Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use		3,748.	8	2,099 2,762	
	9	B				9	2,762
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	129,234.			
	b	Less: accumulated depreciation	10b	88,949.	45,626.	10c	40,285
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	l l		14		
	15	Other assets. See Part IV, line 11			1.	15	C
	16	Total assets. Add lines 1 through 15 (must equal			281,235.	16	461,067
	17	Accounts payable and accrued expenses		2,781.	17	2,781	
	18	Grants payable		18			
	19	Deferred revenue				19	
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete I				21	
؛   ي	22	Loans and other payables to current and former	officers,	directors, trustees,			
		key employees, highest compensated employee	s, and d	isqualified persons.			
aD		Complete Part II of Schedule L				22	
<b>-</b>   ∶	23	Secured mortgages and notes payable to unrela				23	
:	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
:	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
:	26	Total liabilities. Add lines 17 through 25			2,781.	26	2,781
		Organizations that follow SFAS 117 (ASC 958	), check	here 🕨 🐰 and			
ဖွ		complete lines 27 through 29, and lines 33 an					
נו ב	27	Unrestricted net assets			278,454.	27	387,138
<u> </u>	28	Temporarily restricted net assets				28	
<u> </u>	29					29	71,148
בו		Organizations that do not follow SFAS 117 (A	SC 958)	, check here 🕨 🔲			
5		and complete lines 30 through 34.					
를   :	30	Capital stock or trust principal, or current funds				30	
န္   :	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
z   ;	33	Total net assets or fund balances		L	278,454.	33	458,286
;	34	Total liabilities and net assets/fund balances			281,235.	34	461,067

					.9 -		
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 revenue (must equal Part VIII, column (A), line 12)	1	1,17	<u>8,1</u>	<u>32.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,04				
3	Revenue less expenses. Subtract line 2 from line 1	3		1,6			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27	8,4	<u>54.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6	4	8,1	38.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	45	8,2	86.		
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t T				
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Forr	n <b>990</b>	(2018)		

832012 12-31-18

### **SCHEDULE A**

Internal Revenue Service

(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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

**Employer identification number** Name of the organization HCS FAMILY SERVICES 36-2174821 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	tion A. Public Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	<b>Total.</b> Add lines 1 through 3						
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,						1
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	`	,			12	
13	First five years. If the Form 990 is for	Ü	, ,		,	( /( /	. —
Sec	organization, check this box and stop	c Support Pe	rcentage				<b>P</b>
	Public support percentage for 2018 (li	• • •		column (f))		14	9
	Public support percentage from 2017	, ,,	•	.,,		15	9/
	<b>33 1/3% support test - 2018.</b> If the co						
	stop here. The organization qualifies					,	<b>▶</b> □
b	<b>33 1/3% support test - 2017.</b> If the co		•				
_	and <b>stop here.</b> The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-		-				
	meets the "facts-and-circumstances"				· ·	~	
	10% -facts-and-circumstances test						
D							
D	more, and if the organization meets th	ie "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explai	n in Part VI how th	е
D	more, and if the organization meets the organization meets the "facts-and-circ						e ▶□

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and			•		• •		
	membership fees received. (Do not include any "unusual grants.")	1419823.	1171364.	1363329.	1082366.	1155908.	6192790.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	2 122		1 440	2 664		7 226	
	organization's tax-exempt purpose	2,123.		1,449.	3,664.		7,236.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1421946.	1171364.	1364778.	1086030.	1155908.	6200026.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	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.	
,	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						6200026.	
Sec	ction B. Total Support						02000201	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
	Amounts from line 6	1421946.	1171364.	1364778.	1086030.	1155908.	6200026.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9.		211.	1,049.	4,500.	5,769.	
k	Unrelated business taxable income			2214	1,0131	1/3001	377031	
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	9.		211.	1,049.	4,500.	5,769.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	100.	1.			17,724.	17,825.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	1422055.	1171365.	1364989.	1087079.	1178132.	6223620.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,	
Sec	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2018 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	99.62 %	
	Public support percentage from 2017	·				16	99.93 %	
Sec	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20	)18 (line 10c, colun	nn (f), divided by lii					
18	Investment income percentage from					18	.02 %	
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	3 1/3%, and line 17		
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						▶ X	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization						<b>&gt;</b>	

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

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

Par	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 instruction	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion 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		
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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	5		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	•		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

**2018** 

Name of the organization

HCS FAMILY SERVICES

Employer identification number

36-2174821

Organiz	Organization type (check one):							
Filers of	:	Section:						
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
X	~	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\$\						
but it <b>m</b> u	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

# HCS FAMILY SERVICES

36-2174821

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### HCS FAMILY SERVICES 36-2174821 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 137,500. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 Person **Payroll** 663,394. Noncash (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

Name of organization Employer identification number

# HCS FAMILY SERVICES

36-2174821

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	FOOD INVENTORY DONATIONS		
8	TOOD INVENTORY DOMNITORD		
		\$663,394.	06/30/19
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
raiti			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
i di ci			
		\$	
, ,			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Boosh palon of Honodon property given	(See instructions.)	241010001104
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
(-)			
(a) No.	163	(c)	/ <i>-1</i> \
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noticasti property given	(See instructions.)	Date received

Name of organization **Employer identification number** HCS FAMILY SERVICES 36-2174821 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HCS FAMILY SERVICES

**Employer identification number** 36-2174821

Part I Organizations Maintaining Don	or Advised Funds or Other Similar Funds or	Accounts. Complete if the
organization answered "Yes" on Form 99	0, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor	r advisors in writing that the assets held in donor advised	funds
are the organization's property, subject to the or	rganization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors,	and donor advisors in writing that grant funds can be us	ed only
for charitable purposes and not for the benefit of	f the donor or donor advisor, or for any other purpose co	nferring
	olete if the organization answered "Yes" on Form 990, Par	rt IV, line 7.
1 Purpose(s) of conservation easements held by the		
Preservation of land for public use (e.g., re	·	cally important land area
Protection of natural habitat	Preservation of a certific	ed historic structure
Preservation of open space		
	held a qualified conservation contribution in the form of	
day of the tax year.		Held at the End of the Tax Year
<b>b</b> Total acreage restricted by conservation easeme		
	d historic structure included in (a) (c) acquired after 7/25/06, and not on a historic structure	
	ansferred, released, extinguished, or terminated by the or	
year	ansierred, released, extinguished, or terminated by the or	gariization during the tax
4 Number of states where property subject to con:	servation easement is located	
	urding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation		Yes No
•	, inspecting, handling of violations, and enforcing conserv	
<b>•</b>		<b>3</b>
7 Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and enforcing conservation	n easements during the year
<b>&gt;</b> \$		
8 Does each conservation easement reported on li	ine 2(d) above satisfy the requirements of section 170(h)(-	4)(B)(i)
and section 170(h)(4)(B)(ii)?		Yes No
	ts conservation easements in its revenue and expense sta	
include, if applicable, the text of the footnote to	the organization's financial statements that describes the	organization's accounting for
conservation easements.		
	ections of Art, Historical Treasures, or Othe	er Similar Assets.
Complete if the organization answered "Y		
	FAS 116 (ASC 958), not to report in its revenue statemer	
•	for public exhibition, education, or research in furtherance	e of public service, provide, in Part XIII,
the text of the footnote to its financial statement		
	FAS 116 (ASC 958), to report in its revenue statement an	
	exhibition, education, or research in furtherance of public	service, provide the following amounts
relating to these items:		<b>.</b>
	e 1	
	historical transpures, or other similar assets for financial a	
-	historical treasures, or other similar assets for financial ga	airi, provide
	nder SFAS 116 (ASC 958) relating to these items:	<b>&gt;</b> \$
LHA For Paperwork Reduction Act Notice, see the		Schedule D (Form 990) 2018

Pai	rt III Organizations Maintaining C	ollections of Art, H	istorical Tre	easures, oi	r Other S	Similaı	Assets	(continue	ed)
3	·								
	(check all that apply):		-	_	_				
а	Public exhibition	d [	Loan or exc	hange progra	ams				
b	Scholarly research	е [	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain how	w they further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	•	•	-	•				
	to be sold to raise funds rather than to be ma	aintained as part of the o	rganization's co	llection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arran							ine 9, or	
	reported an amount on Form 990, Pa		· ·					·	
1a	Is the organization an agent, trustee, custod	an or other intermediary	for contribution	s or other ass	sets not inc	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					·?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explan	ation has been	provided on F	Part XIII				
Pai	rt V Endowment Funds. Complete	if the organization answe	red "Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year (	<b>b)</b> Prior year	(c) Two year	rs back (c	<b>d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the curr	rent year end balance (lin	e 1g, column (a	)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organization	that are held ar	nd administer	ed for the	organiza	ation	_	
	by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required o	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		ent funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or other	(b) Cost	t or other	(c) Acc	cumulate	ed	(d) Book v	/alue
		basis (investment	) basis	(other)	depr	eciation			
1a	Land								
	Buildings								
С	Leasehold improvements			6,631.		1,10			<u>,526.</u>
d	Equipment			2,479.		66,7			<u>,722.</u>
	Other		3	0,124.		21,08	37.		,037.
Total	Add lines 1a through 1e (Column (d) must a	au al Farma 000 Dort V a	oluman (D) lina 1	0-1				40	. 285.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 HCS FAMILY S	SERVICES		36-	-2174821	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" or	on Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
· · ·					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					-
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11d See Form 990	Dart Y line 15		
	Description	illie 11d. See 1 oilli 330,	T art X, line 15.	(b) Book va	عاراه
· · · · · · · · · · · · · · · · · · ·	2C3CHPtiOH			(b) Book ve	<u> </u>
(1)					
(2)					
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		<b>&gt;</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See Form	n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
<u> </u>	-		1		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Par	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	1,332,236.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b	Dona	ted services and use of facilities	2b	146,570.		
С	Reco	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	7,534.		
е		ines 2a through 2d			2e	154,104. 1,178,132.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	1,178,132.
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		ines <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		· <u>··</u> ·····	5	1,178,132.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	leturr	า.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	1,152,406.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a	98,434.		
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	7,534.		
е		ines 2a through 2d			2e	105,968.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	1,046,438.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add I	ines 4a and 4b			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,046,438.
		Supplemental Information.				
Provi	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	V, lines 1b	and 2b; Part V, line 4	; Part X	K, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inform	nation.		
		0				
PAI	RT X	, LINE 2:				
				«=«==«	/	21 ( 2 ) ( 5 )
THE	· OR	GANIZATION QUALIFIES FOR TAX-EXEMPT STA	TUS UN	NDER SECTIO	N 50	J1(C)(6)
~=						
OF.	THE	INTERNAL REVENUE CODE AS OTHER THAN A	PRIVAT	E FOUNDATI	ON.	
D 7 T	ים אר	T I THE OR OWNER AD THOMASHING.				
PAI	Κ.Τ. Υ	I, LINE 2D - OTHER ADJUSTMENTS:				
אדדה	ע מעני	TOTAL EXPENSES				7 524
FUI	NDRA	ISING EXPENSES				7,534.
D 7 T	ים אר	TI IINE OD OMIJED ADTIJOMNENMO.				
PAI	Κ.Τ. Υ	II, LINE 2D - OTHER ADJUSTMENTS:				
בידים	י מחד	TOTMO EVDENCEC				7 524
r Uľ	אחגא	ISING EXPENSES				7,534.

Schedule D (Form 990) 2018	HCS FA	AMILY	SERVICES	36-2174821	Page 5
Schedule D (Form 990) 2018 Part XIII   Supplemental Inform	mation (ac	antinuad)			J
	<u> </u>	<u> Jillillueu)</u>			
-					

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization					Employer identification number				
HCS FAMILY SERVICES							821		
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" on	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a									
(i) Name and address of individual or entity (fundraiser)	dividual (ii) Activity fundraiser have custody from activity from activity			to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
- Total			<b>&gt;</b>						
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration		

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

Schedule G (Form 990 or 990-EZ) 2018

36-2174821 Page 2 Schedule G (Form 990 or 990-EZ) 2018 HCS FAMILY SERVICES Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BLUES, NEIGHBORS NONE (add col. (a) through BREWS, AND BHELPING NEIG col. (c)) (event type) (total number) (event type) 38,142. 5,213. 43,355. Gross receipts 18,097. 18,097. 2 Less: Contributions 20,045. 5,213. 25,258. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 813. 813. Rent/facility costs 3,350. 3,350. 7 Food and beverages 1,563. 1,563. 8 Entertainment 1,808. 1,808. Other direct expenses 7,534. **10** Direct expense summary. Add lines 4 through 9 in column (d) 17,724. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	nedule G (Form 990 or 990-EZ) 2018 HCS FAMILY SERVICES 36-2	2174	821	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
40	to administer charitable gaming?		Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	120	I	0/
	a The organization's facility	13a 13b		<u>%</u> %
	o An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ISD		70
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ by If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
6	Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. 🗆	Yes	☐ No
Pa	organization's own exempt activities during the tax year   \$\text{surf IV} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	ırt III, Iir	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	(Form 990 or 990-EZ)	HCS	<b>FAMILY</b>	SERVICES	36-2174821	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Info	mation	(continued)			
	•••		(continued)			

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of	the organization							Employer identification number
	HCS FAMIL		5					36-2174821
Part I	General Information on Grants a	nd Assistance						
	es the organization maintain records							
crit	eria used to award the grants or assis	stance?						X Yes  No
	scribe in Part IV the organization's pro							
Part II	Grants and Other Assistance to	<del>-</del>				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than	5,000. Part II can	be duplicated if addition	onal space is need		(c) Mathandat	1	1
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ter total number of section 501(c)(3) a			e line 1 table				<b>&gt;</b>
3 Ent	er total number of other organizations	s listed in the line 1	table					

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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, Fiviv, appraisal, other)	
MERGENCY SERVICES	3514	44 027	721,607.	ENG.	DONATED GOODS
MERGENCI SERVICES	3314	44,037.	721,607.	r m v	DONATED GOODS
Part IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, column	(b); and any other ac	l Iditional information.	
PART I, LINE 2:					
RENT AND UTILITY ASSISTANCE CHEC	KS ARE WRIT	TEN/DELIVE	ERED DIRECT	LY TO	
APARTMENT BUILDINGS, LEASING ORG	ANIZATION O	R UTILITY	COMPANY.		

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization HCS FAMILY SERVICES Employer identification number 36-2174821

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determi noncash contribution a	_	:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles		100	E01 600			
19	Food inventory	X	100	721,608.	F'MV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ( )	ation during	the toy year for a	antributions			
29	Number of Forms 8283 received by the organization which the organization completed Form 82						
	for which the organization completed Form 82	os, Part IV, I	Jonee Acknowled(	gement <b>29</b>		Yes	No
202	During the year, did the organization receive by	, contributio	n any proporty ron	vorted in Part L lines 1 throug	sh 28 that it	162	NO
30a	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•	·			х
h	If "Yes," describe the arrangement in Part II.						<u> </u>
31	Does the organization have a gift acceptance	nolicy that re	equires the review (	of any nonstandard contribut	tions? 31		х
	Does the organization hire or use third parties				110ris?	+	<del></del>
0Za			_	cit, process, or sell noncasir	32a		x
b	If "Yes," describe in Part II.				- OZG		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is ched	cked,		
	describe in Part II.	(5, 10	-, <sub> -</sub> -   -	,			
	For Description And Notice and				Calaadula M /Far		

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

Schedule M (Form 990) 2018

832142 10-18-18

### 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

Open to Public

Department of the Treasury ➤ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** HCS FAMILY SERVICES 36-2174821 FORM 990, PART VI, SECTION B, LINE 11B: 990 REVIEWED, DISCUSSED AND APPROVED AT A BOARD MEETING, USUALLY IN NOVEMBER OR DECEMBER FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF GOVERNANCE COMMITTEE THAT WILL REVIEW KEY BOARD DOCUMENTS (E.G., BY-LAWS). FORM 990, PART VI, SECTION B, LINE 15: THE DIRECTOR AND KEY PERSONNEL HAVE AN ANNUAL REVIEW WHERE THEIR PERFORMANCE IS JUDGED AND PAY RATES ARE SET. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS REQUIRED TO BE AVAILABLE TO THE PUBLIC ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

### FOR THE YEAR ENDING

JUNE 30, 2019

### PREPARED FOR:

HCS FAMILY SERVICES 19 E CHICAGO AVE HINSDALE, IL 60521

### PREPARED BY:

SIKICH LLP 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349

### **AMOUNT OF TAX:**

**BALANCE DUE OF \$15** 

### MAKE CHECK PAYABLE TO:

ILLINOIS CHARITY BUREAU FUND

### MAIL TAX RETURN TO:

OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175

### **RETURN MUST BE MAILED ON OR BEFORE:**

FEBRUARY 29, 2020

### **SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

	Form AG990-IL Revised 3/05
СО	# 01-001317
	Check all items attached:
X	Copy of IRS Return
X	Audited Financial Statements
	Copy of Form IFC
X	\$15.00 Annual Report Filing Fee
	\$100.00 Late Report Filing Fee
	MO DAY YR
created	1: 07/27/1937
	A) \$ 461,067.
0	D\ 6 2 701

# ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois Charitable Trust Bureau, 100 West Randolph 11th Floor, Chicago, Illinois 60601

**Report for the Fiscal Period:** AMT **Beginning** 07/01/2018

For Office Use Only

PMT#

Make Checks Payable to

INIT		Illinois 🔻		Annual Report Filing Fee
HVII	O Ending 0.5 (20 (20 10	rity 23		Late Report Filing Fee
Eadar	al ID# 36-2174821 MO DAY YR	au Fullu		NO DAY YR
		zation was created		07/27/1937
7.100		/ear-end		0., 2., 230.
		imounts		
	<del></del>	ASSETS	A) \$	461,067.
AI	DDRESS 19 E CHICAGO AVE	LIABILITIES	B) \$	2,781.
CITY	STATE HINSDALE, IL C)	NET ASSETS	C) \$	458,286.
Z	P CODE 60521			
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.620%	D) \$	1,181,166.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$	
	F) OTHER REVENUES	0.380%	F) \$	4,500.
١	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	1,185,666.
III.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	17 070		100 240
	H) OPERATING CHARITABLE PROGRAM EXPENSE	L7.870%	H) \$	188,342.
	I) FRUGATION PROGRAM OFFICIAL EVERYOR	0/	т. Ф	
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	L7.870%	J) \$	188,342.
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	L / • O / O / <sub>0</sub>	J) Ø	100,542.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
	(11) CONT. COCTO / LECOS. (12) 10 1 10 CONT. (110 LOS LOS IN C).			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	72.644%	K) \$	765,644.
				-
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	90.513%	L) \$	953,986.
	M) MANAGEMENT AND GENERAL EXPENSE	3.264%	M) \$	34,405.
				65 504
	N) FUNDRAISING EXPENSE	6.222%	N) \$	65,581.
	AN TOTAL EVERNING THE PERIOD (ARR LAND AND	100.0/	ο, φ	1 052 072
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	1,053,972.
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:			
	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISERS; P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
		100 70	, .	<u>-</u>
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS;			
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			
	T) NAME, TITLE: STANLEY COOK, EXECUTIVE DIRECTOR		T) \$	64,000.
	U) NAME, TITLE:SCOTT BRECHTEL, EMPLOYEE		U) \$	51,000.
	V) NAME, TITLE: ADAM MEJORADO, EMPLOYEE		V) \$	31,246.
۷.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on	back side of instructions CODE
11-18	W) DESCRIPTION: FAMILY AND INDIVIDUAL SERVICES		W)#	111
1 04-0	,		VV)# X)#	T T T
898091 04-01-18	X) DESCRIPTION:  Y) DESCRIPTION:		X) # Y) #	
_ ∞	1) DESCRIPTION.		1) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
_				
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			37
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
_				
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE	_		37
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
	THE OPEN WITH THE OPEN WITH THE WAY CORPORATE STORY IN WITHOU AND OFFICER PRESENTED OF TRUSTEE CHARGO MORE			
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			Х
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Λ
_	IC AND DECEMBED OF THE ODGANIZATION HELD IN THE NAME OF OD COMMUNICHED WITH THE DECEMBED OF AND OTHER DECEMBED.			
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON	_		Х
	OR ORGANIZATION?	5.		Λ
c	DID THE ODGANIZATION HEE THE CEDVICES OF A DDOCESSIONAL CHARDDAICEDS (ATTACH FORM IES)	6.		Х
0.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	0.		21
72	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
/α.	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
	DETWEEN THOURIAM SERVICE AND FONDITAISING EXICENSES:	′-		
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	······································			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	EVERGREEN BANK GROUP, 1515 W 22ND ST. SUITE 100W OAK BROOK, IL	60	523	
	DIMINISTRA DI	- 0 0 .	723	
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: STAN COOK - 630-323-2500			
	ATTACHMENTS MILET ACCOMPANY THE DEPORT. SEE INSTRUCTIONS			

### ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

### BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

# BOB LASSANDRELLO

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE

### MARY HENTHORN

TREASURER or TRUSTEE (PRINT NAME)

**SIGNATURE** 

DATE

JILL M. BOYLE, CPA

PREPARER (PRINT NAME)