EXTENDED TO NOVEMBER 16, 2020

Form **990** (Rev January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

► 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.

<u> </u>	Of the	e 2019 Calendar year, or tax year deginning and o	enaing			
В	Check it applicab	C Name of organization		D Employer identifie	cation number	
	Addre	e LLITCH CHARITIES, INC.	1			
느	Name chang	Doing business as	·	38-35481	44	
	initial ireturn	,	Room/suite			
	Final return termin	h-		313-471-	6000	
_	ated Namen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,282,820.	
<u></u>	return	DETROIT, MI 48201-3460		H(a) Is this a group re		
_	Application pendi			for subordinates		
		SAME AS C ABOVE	120	H(b) Are all subordinates in		
		empt status: X 501(c)(3)	or LOS		list. (see instructions)	
		te: WWW.ILITCHCHARITIES.ORG		H(c) Group exemption		
	orm of	forganization: X Corporation Trust Association Other	L Year	r of formation; 2000 N	State of legal domicile: MI	
-	-	Summary PROVI	ים פרו	TDDODM MO OTT	דר זאט פאזי א איזי	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIFAMILY PROGRAMS IN THE AREA OF HEALTH, RE				
rna	2	Check this box if the organization discontinued its operations or dispos				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5	
رخ مع	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5	
es (5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	_	5	0	
ž	6	Total number of volunteers (estimate if necessary)	-	. 6	1825	
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
4		Net unrelated business taxable income from Form 990-T, line 39	• •	7b	0.	
		Orno		Prior Year	Current Year	
0	8	Contributions and grants (Part VIII, line 1h)		1,477,352.	1,758,003.	
ž	9	Program service revenue (Part VIII, line 2g)	(⊢	0.	0.	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<i>,</i> –	153,803.	205,541.	
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		947,792.	940,362.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	2,578,947.	2,903,906.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	831,957.	1,058,486.	
	ſ	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
g:		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		485,782.	472,505.	
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	i	Total fundraising expenses (Part IX, column (D), line 25)	o.			
ũ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	51,182.	83,902.	
	i	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,368,921.	1,614,893.	
	1	Revenue less expenses Subtract line 18 from line 12		1.210.026.	1,289,013.	
Sec			В	epromonent length	End of Year	
Balances	20	Total assets (Part X, line 16)		11,099,879	12,570,807.	
d B	ì	Total liabilities (Part X, line 26)	8	478,914.	ග 700,259.	
캺		Net assets or fund balances Subtract line 21 from line 20	92	100, 16 203 28 201	Q1,870,548.	
Pa	rt II	Signature Block	111		8	
Jnda	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and staten	penis and to the best of my	knowledge and belief, it is	
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	mas any knowledge	<u></u> J	
		- CAC 182		11/13/2	2020	
Sigr	ו	Signature of difficer		Date		
ter	е	STANFORD BERENBAUM, VICE PRESIDENT				
		Type or print name and title				
	,	Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid		LISA K. YOO		11/13/2020 11 self-employer	, №00960883	
rep	arer	Firm's name LISA K. YOO		Firm's EIN		
Jse	Only	Firm's address 2211 WOODWARD AVENUE	· · · · ·			
		DETROIT, MI 48201-3460	Phone no. 313	3-471-6000		
Лay	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
3200	01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2019)	

	1990 (2019) ILLICH CHARITIES, INC. 38-3346144	Page 2
Pa	rt III. Statement of Program Service Accomplishments	(V)
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission PROVIDE SUPPORT TO CHILDREN AND FAMILY PROGRAMS IN THE AREAS OF	
	HEALTH, RECREATION AND EDUCATION.	-
	HEREIT, RECREITION THE EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	☐ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes	☐ No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported	
4a)
	YOUTH/AMATEUR HOCKEY SUPPORT PROGRAM	
4b	/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\)
	PLAY BASEBALL DETROIT: VARIOUS YOUTH TEAMS RECEIVED ASSISTANCE WITH	
	LEAGUE COSTS, FIELD RENOVATIONS AND CLEAN UP, UNIFORMS AND EQUIPMEN	T.
	INCLUDES BASEBALL SUMMER CAMP REGISTRATIONS.	
4c	(Code) (Expenses S 74,651. including grants of S 74,651.) (Revenue S)
	CONTRIBUTION TO KEEPING KIDS IN THE GAME	······································
		
4 -1	Other and the control of December 21 Certain (A)	
4d	Other program services (Describe on Schedule O) (Expenses S 599,326 including grants of S 565,199 ·) (Revenue S)	
40	1 005 702	
4e		90 (2019)
932000	Form 3 2 01-20-20	50 (2019)
332002	2	

Form 990 (2019) ILITCH CHARI Partily Checklist of Required Schedules

4,50	One children de nequire a denedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	l	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	├		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "	Λ	
120	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	}		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
_	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	x	
Ω	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19	х	
na.	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
11	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schodulo I, Parts I and II	21	х	

Pa	rtily Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ľ
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		-	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			l
	"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? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		v
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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	25.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	26		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 11
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 57			
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 57			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
02200	21.00.00		agn /	2010

b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
)	Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12

Sponsoring organizations maintaining donor advised funds.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Did the sponsoring organization make any taxable distributions under section 4966?

Section 501(c)(12) organizations Enter

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources 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 10417 12b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a 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 on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Form	990	(2019)

9a

9b

12a

13a

14a

14b

15

16

10a

10b

11a

11b

13b

13c

Form 990 (2019) ILITCH CHARITIES, INC.

Page

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 on Schedule O See instructions

	to mic out, ob, or too below, describe the circumstances, processes, or changes on defreduce of dee instructions			(3F)
Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
360	ation A. doverning body and Management		Yes	Na
1a	Enter the number of voting members of the governing body at the end of the tax year	5	res	No
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			ŀ
b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ł	37
	taxable entity during the year?	16a		_X_
р	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		l	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		——
	List the states with which a copy of this Form 990 is required to be filed MI			
17 18		\		.1-1-
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 T (Section 501(c)'3 for public inspection. Indicate how you made these available. Check all that apply)s only) avalla	able
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fo	oua!	
.3	statements available to the public during the tax year	u imar	icidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID AGIUS - 313-471-6000			
	2211 WOODWARD AVENUE, DETROIT, MI 48201-3460			
932006	01-20-20	Form	990 (20191
	£	, 01111	JJ0 (_5,5)

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), reardless 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 employ = "
- List the organization's five current highest compensated employees (other than an officer, director, trusts 3, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer—firector, or trustee (B) (C) (D) (E) (F) Position Name and title Average Reportable Estimated Reportable (do not check more than one box unless person is both an officer and a director/trustee) hours per compensation compensation amount of week from from related other (list any the organizations compensation hours for organization (W 2/1099-MISC) from the ndividual trustee or Institutional trustee (W-2/1099 MISC) related organization organizations and related below organizations line) 5.00 (1) CHRISTOPHER ILITCH CHAIRMAN AND DIRECTOR X Х 0. 0. 0. (2) STANFORD BERENBAUM 5.00 VICE PRESIDENT AND DIRECTO X Х 0 0. 0. (3) MICHAEL MCLAUCHLAN 5.00 DIRECTOR 0., 0. X 0. (4) RYAN HARDING 5.00 0. DIRECTOR X 0. 0. 5.00 (5) DAVID AGIUS 0 0. DIRECTOR Х 0.

Form 990 (2019)

ILITCH CHARITIES. INC.

. Form 990 (2019)

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932009 01-20-20

IGC

Total. Add lines 11a 11d

Total revenue See instructions

2,903,906

2,741

208,282

Form 990 (2019) ILITCH CHAR: Part IX Statement of Functional Expens			38-35	48144 Page 1
Section 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	omplete column (A)	
Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	071 000	071 000		
and domestic governments. See Part IV, line 21	971,099.	971,099.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	87,387.	87,387.	-	
3 Grants and other assistance to foreign	07,307.	07,307.		
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16				,
4 Benefits paid to or for members				•
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified			1	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	470 505		470 505	
7 Other salaries and wages	472,505.		472,505.	
B Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions) 9 Other employee benefits				
O Payroll taxes				
1 Fees for services (nonemployees)				
a Management				
b Legal				· · · ·
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17		•	•	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch ()	7,958.		7,958.	
2 Advertising and promotion	7,936.		7,956.	
Office expenses Information technology	703.		703.	<u> </u>
5 Royalties				
6 Occupancy				
7 Travel	10,224.		10,224.	
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Payments to affiliates	1,606.		1 606	
Depreciation, depletion, and amortization	502.		1,606.	
Insurance Other expenses Itemize expenses not covered	JUZ.		302.	
above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)		,		
a SUPPLIES	38,376.	37,217.	1,159.	
b OTHER EXPENSES	12,074.		12,074.	
c BANKING FEES	7,984.		7,984.	
d TELEPHONE	2,504.		2,504.	
e All other expenses	1,909.		1,909.	
Total functional expenses Add lines 1 through 24e	1,614,893.	1,095,703.	519,190.	0 .
Joint costs Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2019

<u>Pa</u> r	1 X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any line in this F	art X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			- Dogining or your	1	Zilo di year
	2	Savings and temporary cash investments		ł	10,899,784.	2	12,326,199
	3	Pledges and grants receivable, net		†	10,033,704.	3	12,520,155
	4	Accounts receivable, net		ŀ	197,151.	4	243,270
	5	Loans and other receivables from any current or	former officer dive		101,101.	4	243,270
	3	trustee, key employee, creator or founder, substi					
			•	35%		<u> </u>	
	6	controlled entity or family member of any of these	•			5	`
	0	Loans and other receivables from other disqualifications and other receivables from other disqualifications and participations and participations and participations are also as a second of the control				<u> </u>	<u> </u>
ا ؞	7	under section 4958(f)(1)), and persons described	in section 4958(c)(3	5)(B)		6	
Assets	7	Notes and loans receivable, net		}		7	
ž	8	Inventories for sale or use		<u> </u>		8	
ı	9	Prepaid expenses and deferred charges	1	-		9	<u> </u>
	iua	Land, buildings, and equipment cost or other	10-	1 2/1			•
	L	basis Complete Part VI of Schedule D	10a I	1,241. 9,903.	2,944.		1,338
		Less accumulated depreciation	10b	9,903.	2,344.	10c	1,330
	11	Investments - publicly traded securities	4	F		11	
	12	Investments - other securities See Part IV, line 1				12	
	13	Investments - program-related See Part IV, line 1	ı	-		13	
	14 15	Intangible assets Other assets See Bort IV line 11	-		14	1	
	16	Other assets See Part IV, line 11	-	11,099,879.	15 16	12,570,80	
\dashv	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	i iirie 33)		478,914.	17	700,25
	18	Grants payable		-	470,514.		700,23.
	19	Deferred revenue	1	-		18	
	20	Tax-exempt bond liabilities				19	
	21	Escrow or custodial account liability Complete P	art IV of Cabadula D	, <i>-</i> ⊦		20	
.	22	Loans and other payables to any current or former		' <u>-</u>		21	
	~~	trustee, key employee, creator or founder, substa		2504			
		controlled entity or family member of any of these	·	3370		22	
	23	Secured mortgages and notes payable to unrelat		}		23	
ı	24	Unsecured notes and loans payable to unrelated	•	-		24	
	25	Other liabilities (including federal income tax, pay	•	, -		-24	
- 1	23	parties, and other liabilities not included on lines				- 1	
		of Schedule D	17 24) Completer a	"	İ	25	
	26	Total liabilities. Add lines 17 through 25		<u> </u>	478,914.	26	700,259
T		Organizations that follow FASB ASC 958, chec	k here 🕨 🗶	-	27073221	_20	, 00, 233
		and complete lines 27, 28, 32, and 33.	where p			ĺ	,
	27	Net assets without donor restrictions		-	10,087,878.	27	11,107,804
	28	Net assets with donor restrictions		F	533,087.	28	762,744
		Organizations that do not follow FASB ASC 95	8. check here				
.		and complete lines 29 through 33.	-,	·	τ		
	29	Capital stock or trust principal, or current funds		-		29	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	30	Paid-in or capital surplus, or land, building, or equ	ipment fund			30	
	31	Retained earnings, endowment, accumulated inc				31	
	32	Total net assets or fund balances	.,		10,620,965.	32	11,870,548
	33	Total liabilities and net assets/fund balances		<u> </u>	11,099,879.	33	12,570,807
		2		I			Form 990 (20

Forn	n 990 (2019) ILITCH CHARITIES, INC.	38-	-3548144	Page 12	2
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			X	
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		3 <u>,9</u> 06.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,893.	
3	Revenue less expenses Subtract line 2 from line 1	3		9,013.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,620	0,965	•
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			_
7	Investment expenses	7		"	
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 3 9	9,430.	•
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,870),548.	
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			LX	_
				Yes No	_
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			, .	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		`	3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	,		l
	separate basis, consolidated basis, or both			· `. ·	Ì
	Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>	į
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 separat	e basis		. :)	J
	consolidated basis, or both			'	1
	X Separate basis Consolidated basis Both consolidated and separate basis				j
С		e 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 on Sch		-		Ì
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit		
	Act and OMB Circular A 133?		3a	X	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		_
			Form	990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2019

Open to Public Inspection

Name of the organization Employer identification number ILITCH CHARITIES, INC. 38-3548144 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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, 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) X 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) 8 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 📖 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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 f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1.10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ILITCH CHARITIES, INC. 38-35481 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				, ,		
	membership fees received (Do not				İ		
	ınclude any "unusual grants ")	1,878,125.	2,142,009.	2,457,495.	1,477,352.	1,758,003.	9,712,984.
2	Tax revenues levied for the organ-					i	
	ization's benefit and either paid to			!		į	
	or expended on its behalf						,
3	The value of services or facilities					,	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,878,125.	2,142,009.	2,457,495.	1,477,352.	1,758,003.	9,712,984.
5	The portion of total contributions				•		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			•	į.	,	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	}			,		
	column (f)			:			225,738.
6	Public support. Subtract line 5 from line 4						9,487,246.
	ction B. Total Support	<u> </u>				<u> </u>	<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,878,125.	2,142,009.	2,457,495.	1,477,352.	1,758,003.	9,712,984.
8	Gross income from interest,		····			· · · · · · · · · · · · · · · · · · ·	·_·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,877.	21,433.	55,124.	153,803.	205,541.	443,778.
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)	590.	80.	30.	10,158.	2,741.	13,599.
11	Total support. Add lines 7 through 10				,		10,170,361.
	Gross receipts from related activities,	etc (see instruction	ons)	الـــــــــــــــــــــــــــــــــــــ		12 11	,358,474.
	First five years. If the Form 990 is for		•	d. fourth. or fifth ta	ıx vear as a sectio		: <u>- ·</u>
	organization, check this box and stop				,	\-/(-/	▶□
Sec	tion C. Computation of Publ	ic Support Per	centage				· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2019 (li	ine 6, column (f) dr	vided by line 11, c	olumn (f))		14	93.28 %
	Public support percentage from 2018					15	93.72 %
	33 1/3% support test - 2019. If the o			line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies					·	\triangleright X
b	33 1/3% support test - 2018. If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			ightharpoons
17a	10% -facts-and-circumstances test	t - 2019 . If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"		•	· ·	•		▶□
b	10% -facts-and-circumstances test	-		•	-	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization						
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019 ILITCH CHARITIES, INC. 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

<u>S</u>	ction A. Public Support	slow, please com	plete Part II)				
	endar year (or fiscal year beginning in)	(a) 2015	(h) 2016	T (=) 0017	(4) 0010	/s\ 2010	list Tabal
	Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
'	membership fees received (Do not include any "unusual grants")		,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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				/		
7:	a Amounts included on lines 1, 2, and						
ı	3 received from disqualified persons 3 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						
(Add lines 7a and 7b	·-·-					
	Public support (Subtract line 7c from line 6.)					 	
Se	ction B. Total Support			/	<u> </u>	.•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					/	
k	Unrelated business taxable income			_			
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for t	th organization!	first second the	d fourth == fift= t		F01/a)/0\ a = =	
17	check this box and stop here	ye organization s	s iirst, second, tnir	a, iourin, or litti t	ax year as a secu	on 501(c)(3) organi	zation,
Sec	ction C. Computation of Public	Support Pe	rcentage			 ·	
	Public support percentage for 2019 (lin			column (fl)	-	15	
	Public support percentage from 2018 S		•	("		16	<u>%</u>
	ction D. Computation of Invest						
	Investment income percentage for 201 Investment income percentage from 20			ne 13, column (f))		17	%
	33 1/3% support tests - 2019 If the o	·		on line 14, and line	a 15 is more than	[18]	%
136	more than 33 1/3%, check this box and						I / IS HOL
ь	33 1/3% support tests - 2018. If the o		-				and
-	line 18 is not more than 33 1/3%, checi						▶ □
20	Private foundation. If the organization						
3202	23 09-25-19			15	Sch	edule A (Form 990	or 990-EZ) 2019
	#			T J			

Part IV **Supporting Organizations**

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

Sections A, D, and E If you checked 12d	of Part I, complete Sections A and D, and complete Part V)
Section A. All Supporting Organizations	

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 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)
- 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)

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	•	2	-	<u> </u>
3b 3c 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a		За		
3c				
3c		3b		
4a				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			_	
5a 5b 5c 6 7 8 9a 9b 9c 10a		4a		
4c		4b		<u>_</u>
5a 5b 5c 6 7 8 9a 9b 9c 10a				-
5a 5b 5c 6 7 8 9a 9b 9c 10a		4c		
5b 5c 6 7 8 9a 9b 9c 10a				
5c 6 7 8 9a 9b 9c 10a 10b		5a		
6 7 8 9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b		5c	•	1
9a 9b 9c 10a 10b		6		
9a 9b 9c 10a 10b				
9a 9b 9c 10a				{
9b 9c 10a 10b		8		
9b 9c 10a 10b				
9b 9c 10a 10b		9a		i
9c 10a		9b		
10a		9c		
10b				
	19		0-EZ)	2019

932024 09-25-19

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	DO DOGOTAGE Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on l	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sec	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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			Ì
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		
	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	on 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		1.	-
	emergency temporary reduction (see instructions)	6	•	
7	Check here if the current year is the organization's first as a non-functional		d Type III supportina ora	anization (see
	instructions)	, -5	2,	\

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

art VI	Supplemental Information. Provide the explanations required by Par Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also com (See instructions)	, and 3b, Part V_line 1, Part V, Section B, line 1e, Part V
		•
		
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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.

OMB No 1545-0047 Openito Public

Name of the organization

Employer identification number

	ILITCH CHARITIES,		38-3548144
Pа	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor	-	
	impermissible private benefit?		Yes No
Рa	Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part I	IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a his	storically important land area
	Protection of natural habitat	· []	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	1 /	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by the organic	
_	year >		anauton doming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	• • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$	3	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footi	·	
	organization's accounting for conservation easements		
Pai	tilli Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
<u></u>	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 95	68, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final	· · · · · · · · · · · · · · · · · · ·	
ь	If the organization elected, as permitted under FASB ASC 95		ice sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items		se et pastie est tiee,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial cain	• •
_	the following amounts required to be reported under FASB A		i, provide
а	Revenue included on Form 990, Part VIII, line 1	SO SOS relating to these items	> \$
	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990	Schedule D (Form 990) 2019
" "			Joneaule D (1 01111 330) 20 13

932051 10-02-19

		CHARITIES,						38-35	<u>48144</u>	1 Pa	ıge 2
Pa	Organizations Maintaining C	Collections of A	rt, His	storical T	reasures, or	Other	Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other recor	ds, ched	ck any of the	e following that m	ake sig	nificant	t use of its			
	collection items (check all that apply)					_					
а	Public exhibition	(d 🗀	Loan or exc	change program						
b	Scholarly research		e 🔲	Other	3 , 3						
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ın how t	thev further	the organization	s exem	ot purp	ose in Pai	t XIII		
5	During the year, did the organization solicit of							000 0.			
	to be sold to raise funds rather than to be m					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes		No
IPa	tilly Escrow and Custodial Arran					s" on F	0rm 99	0 Part IV		_==	140
	reported an amount on Form 990, Pa		.010 1.1	o organizati	5., 4.,0,,0,0	5 0,	0	0, 1 01111,			
	Is the organization an agent, trustee, custod	· · · · · · · · · · · · · · · · · · ·	diany for	r contributio	ns or other asset	s not in	cluded		•		
	on Form 990, Part X?		o.a., .o.			J 1100 III	loluucu		Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	allowing	table				_	_ 163		140
_	Too, explain the arrangement in the Am	and complete the R	Jilo Willig	tabic					Amount		—
_	Beginning balance						1		Amount		
	Additions during the year						1c				
	Distributions during the year										
f	Ending balance						1e				
	Did the organization include an amount on F	orm 000 Part V line	21 for	00010111 01 0	ustadial assault	والمامان			Yes	\neg	No
	If "Yes," explain the arrangement in Part XIII					,	, ,		_1 TES	H	NO
	Endowment Funds. Complete										
(CE)		(a) Current year		Prior year	(c) Two years ba	$\overline{}$		years back	(e) Four	voore h	
1a	Beginning of year balance	(a) Current year	(5) (Tior year	(C) Two years of	םן אונ) Tilles	years back	(e) rou	years t	iack
b	Contributions				-	-		 -	 		
	Net investment earnings, gains, and losses								 		
c d	Grants or scholarships	<u> </u>							<u> </u>		
	· ·			_							
е	Other expenditures for facilities		1								
	and programs										
T .	Administrative expenses				-						
g	End of year balance		L		<u> </u>		-		L		
2	Provide the estimated percentage of the curr	rent year end baland		ig, column (a)) neid as						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	_	%									
٠.	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	ind administered	for the	organiz	zation	_		
	by									/es	No
	(i) Unrelated organizations								3a(ı)		
	(ii) Related organizations								3a(II)		
_	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	Describe in Part XIII the intended uses of the tiving Land, Buildings, and Equipm	organization's endo	wment	funds							
I au	Complete if the organization answered		. Dad I	V kaa 11a C	Con Farm 000 Da	V 1	- 10				
					- · · · · · · · · · · · · · · · ·		_	 			
	Description of property	(a) Cost or o basis (investr			or other ((other)		umulate	·a	(d) Book	value 	
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other			1	1,241.		9,90	3.	1	, 33	8.
Total.	Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colun	nn (B), lıne 1	0c)				1	,33	8.
					-						

Schedule D (Form 990) 2019

932053 10-02-19

		n CHARITIES, INC.	monto With Dovonyo nov		3548144 P
Pa		le per Audited Financial State wered "Yes" on Form 990, Part IV, line	•	Retur	1.
1	Total revenue, gains, and other support		iza	7.	4,206,4
2	Amounts included on line 1 but not on F			1	4,200,4
	Net unrealized gains (losses) on investm	•	_{2a}	1	
b	Donated services and use of facilities	erits		-	
c	Recoveries of prior year grants		2b 2c	\dashv	
	Other (Describe in Part XIII)		2d 1,379,021	-	
e	Add lines 2a through 2d		20 2707022	2e	1,379,0
3	Subtract line 2e from line 1			3	2,827,4
4	Amounts included on Form 990, Part VII	I. line 12, but not on line 1			
а	Investment expenses not included on Fo	•	4a		
b	Other (Describe in Part XIII)	,	4b 76,485	╗	
С	Add lines 4a and 4b		<u> </u>	4c	76,4
5	Total revenue Add lines 3 and 4c. (This	must equal Form 990, Part I, line 12)		5	2,903,9
Pa	rt XII Reconciliation of Expens	es per Audited Financial State	ements With Expenses pe	er Retu	rn.
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 1	2a		
1	Total expenses and losses per audited f	nancial statements		1	2,956,8
2	Amounts included on line 1 but not on F	orm 990, Part IX, line 25			
а	Donated services and use of facilities		2a	_	
b	Prior year adjustments		2b	_	
С	Other losses		2c	┙╹	
d	Other (Describe in Part XIII)		2d 1,408,476	-	4 400
е	Add lines 2a through 2d			2e	1,408,4
3	Subtract line 2e from line 1			3	1,548,3
4	Amounts included on Form 990, Part IX,		1.1		
a	Investment expenses not included on Fo	orm 990, Part VIII, line 7b	4a 66 510	-	
b	Other (Describe in Part XIII)		4b 66,510		66 5
	Add lines 4a and 4b Total expenses Add lines 3 and 4c (This			4c	66,5: 1,614,8:
	2d and 4b, and Part XII, lines 2d and 4b				
PAF	RT X, LINE 2:				
LI	TCH CHARITIES, INC.	ADOPTED FIN 48 EFFE	CTIVE JANUARY 1,	2009	AND SUCH
ADC	PTION DID NOT HAVE A	SIGNIFICANT EFFECT	ON THE FINANCIAL	STAT	TEMENTS.
					.
	T XI, LINE 2D - OTHE				
IF	ECT EXPENSE TO OFFSE	r FUNDRAISING REVENU	E \$545,100.38		
IR	ECT EXPENSE/PAYOUT TO	O OFFSET CHARITABLE	GAMING REVENUE		
83	3,813.57				
OR:	RECTION OF JOURNAL EN	NTRIES NET ADJUSTMEN	T - \$106.93		
			<u> </u>		
AR	T XI, LINE 4B - OTHER	R ADJUSTMENTS:			
	CASH DONATIONS \$76,48				
	10-02-19			Sched	ule D (Form 990) 2
911	113 132274 ICC	28 2019.04030 TLTT	CH CHARITIES, INC		ICC
	<u></u>	ムひェジ・ひせひろひ エルエエ	" CHUVTITOS' TNC		11.1.

Schedule D (Form 990) 2019 ILITCH CHARITIES, INC.	38-3548144	Page 5
Part XIII Supplemental Information (continued)		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FART ATT, DINE 2D OTHER ADOUGHENTS.		
DIRECT EXPENSE TO OFFSET FUNDRAISING REVENUE \$545,100.38		
		·
DIRECT EXPENSE/PAYOUT TO OFFSET CHARITABLE GAMING REVENUE		
1000 040 55		
\$833,813.57		
CORRECTION OF JOURNAL ENTRIES NET ADJUSTMENT & BAD DEBT -		
CORRECTION OF GOORNAL ENTRIES NET ADOUGHENT & BAD DEBT -		
\$29,562.34		
	- , , , , , , , , , , , , , , , , , , ,	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	_ 	
NONCASH ITEMS DONATED \$66,510.00		
\		
	_	
· · · · · · · · · · · · · · · · · · ·		
	-··· - · · · · · · · · · · · · · · · ·	
	<u></u>	
		

SCHEDULE G

(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.

2019

Department of the Treasury Internal Revenue Service		Attach to Form 99 to www.irs.gov/Form990 for ins					Open to Public Inspection
Name of the organizatio		identification number					
		CHARITIES, INC.					48144
		· Complete if the organization ansv	vered "\	'es" o	n Form 990, Part IV,		
a Mail solicital b Internet and c Phone solici d In person so 2 a Did the organization	tions I email solicitations Itations olicitations on have a written c	s f Solicit	ation of ation of al fundra al (inclu	non-g gover alsing ding o	overnment grants inment grants events ifficers, directors, tru	stees, or	w [7] w
) highest paid indiv	viduals or entities (fundraisers) pur	•		•		Yes
(i) Name and addres		(ii) Activity	or cor	ustodv	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col (i	to (or retained by)
			Yes	No			
							
<u> </u>							
							
						·	
Total				•			
	ch the organization	n is registered or licensed to solicit	contrib	utions	or has been notified	l it is exempt from	n registration
					-		
LHA For Paperwork Re	eduction Act Notic	ce, see the Instructions for Form	990 ar	990-E	z s	chedule G (For	m 990 or 990-EZ) 2019

932081 09-11-19

31 2019.04030 ILITCH CHARITIES, INC.

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

11				
	Does the organization conduct gaming activities with nonmembers?	XY	es L	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_	7
	to administer charitable gaming?	Y	es L	X)
	Indicate the percentage of gaming activity conducted in	امدا		
	The organization's facility An outside facility	13a 13b 1	00	<u>n (</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		•	
	, -	•		
	Name DAVID AGIUS			
	Address > 2211 WOODWARD AVENUE - DETROIT, MI 48201			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es [X.
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ f "Yes," enter name and address of the third party	nt		
	Name			
	Address >			
16	Gaming manager information			
	Name ►			
	Coming manager companyation N C			
	Gaming manager compensation \$			
			`	_
	Director/officer Employee Independent contractor			
	Mandatory distributions			_
a l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to		. [<u>-</u>
a l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		es []	<u> </u>
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to		es []	<u> </u>
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year.	Ye		
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
a l b l	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
al bl	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	Ye		
a i bi	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ▶ \$ \$ \[\begin{array}{c} \text{t V } & Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Ye	s 9, 9b	, 1

t IV Supplemental Information (continued)	
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SCHEDULE (Form 990)

Cepartment of the Treasury Internal Revenue Service Name of the organization

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

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

► Go to www irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

2019	Open to Public
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OMB No 1545-0047

Inspection

	ILITCH CHARITIES, INC.	ARITIES,	INC.					38-3548144	18144
arti	General Information on Grants and Assistance	nd Assistance							
Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	or assistance, the	e grantees' eligibility	for the grants or ass	istance, and the select	noi	
crite	criteria used to award the grants or assistance?	tance?						X Yes	<u>2</u>
Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	toring the use of grant	funds in the Unite	d States				
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Jomestic Organi	izations and Domestic	: Governments.	Complete if the orga	ınızatıon 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 additional space is needed	5,000 Part II can	r be duplicated if additi	onal space is need	qeq				
1 (a)	1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant	grant
	or government		(if applicable)	cash grant	non cash assistance	FMV, appraisal, other)	noncash assistance	or assistance	ov.
					,				
AHL								LCAHL GRANT GIVEN TO	OT N

AMOUNTS PAID FOR REGIONAL

BASEBALL DONE RIGHT

HOCKEY TEAMS

SASEBALL SUMMER CAMP

AIR MARKET

VALUE

162,022.

REGISTRATION

SUPPORT VARIOUS YOUTH

AIR MARKET

VALUE

0

427.

250

501(C)(3)

30-0175517

2525 WOODWARD AVENUE

DETROIT, MI 48201

IGHTS CANCER DISTRIBUTED

AIR MARKET

VALUE

71,861

501(C)(3)

13-1788491

AMERICAN CANCER SOCIETY

250 WILLIAMS ST. NW

ATLANTA, GA 30303

WARRENVILLE, IL 60555

25541 MADISON STREET

BASEBALL DONE RIGHT

O SUPPORT CANCER

AIGUEL CABRERA

MERICAN CANCER SOCIETY

ROCEEDS FROM HOCKEY

OUNDATION GRANT GIVEN

ORGANIZATION'S MISSION

O SUPPORT THE

AIR MARKET

O.VALUE

69,160

501(C)(3)

46-1129618

21218 ST. ANDREWS BLVD 305 MIGUEL CABRERA FOUNDATION

BOCA RATON, FL 33433

RANT GIVEN TO PROMOTE

MENTORING AND YOUTH

AIR MARKET

O. VALUE

46,238

501(C)(3)

38-3314318

32C0 GREENFIELD SUITE 280

DETROIT, MI 48120

THINK DETROIT P.A.L.

FOUNDATION - 3011 WEST GRAND BLVD CHILDREN'S HOSPITAL OF MICHIGAN

ROGRAMS

THINK DETROIT P.A.L ..

Schedule I (Form 990) (2019) 300KS AND CRAFTS VALUE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990
SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS 0 41,181 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501(C)(3) Enter total number of other organizations listed in the line 1 table 32-0087353 SUITE 218 - DETROIT, MI 48120 N

IICHIGAN FOUNDATION GRANT

IVEN TO PROVIDE TOYS,

AIR MARKET

HILDREN'S HOSPITAL OF

932101 10-26-19

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INC.	
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CHARITIES	
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Schedule 1 (Form 990) ILITCH CHARITIES,		INC.				(*)	38-3548144 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sche	dule I (Form 990), Par	1 II)	
(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 non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF						DONATION OF	BOYS AND GIRLS CLUBS OF
SOUTHEASTERN MICHIGAN - 26777						GAMING SYSTEM,	SE MICHIGAN IN
HALSTEAD ROAD SUITE 100 -					FAIR MARKET	NHL AND OTHER	CONJUNCTION WITH THE
FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3)	680.	36,044.	VALUE	HOCKEY RELATED	инг,тне уоптн носкеу
DETROIT PUBLIC SCHOOLS FOUNDATION							DETROIT PUBLIC SCHOOL
FISHER BUILDING SUITE 1004 3011							FOUNDATION GRANT GIVEN
WEST GRAND BLVD - DETROIT, MI					FAIR MARKET		TO SUPPORT THE
48202	30-0135450	501(C)(3)	31,078.	0.	VALUE		FOUNDATION'S MISSION
							SAY DETROIT GRANT GIVEN
SAY DETROIT							TO SUPPORT THE
29836 TELEGRAPH RD			•		FAIR MARKET		ORGANIZATION'S MISSION
SOUTHFIELD, MI 48043	20-4786626	501(C)(3)	25,000.	0	VALUE		WHICH IS TO IMPROVE THE
							VOLUNTEERS OF
VOLUNTEERS OF AMERICA							AMERICA: PROCEEDS FROM
21415 CIVIC CENTER DRIVE SUITE 210					FAIR MARKET		MILITARY APPRECIATION
SCUTHFIELD, MI 48076	38-1566662	501(C)(3)	16,845.	0.	VALUE	٠	NIGHT TO SUPPORT
	1						SPECIAL OLYMPICS OF
SPECIAL OLYMPICS MICHIGAN						•	MICHIGAN GRANT GIVEN TO
CENTRAL MICHIGAN UNIVERSITY			-	•	FAIR MARKET		SUPPORT THE ORGANIZATION
MOUNT PLEASANT, MI 48859	38-1964643	501(C)(3)	8,548.	0	O.VALUE		MISSION TO PROVIDE
							FOOD BANK OF EASTERN
POOD BANK OF EASTERN MICHIGAN							MICHIGAN DONATION OF
2300 LAPEER ROAD					FAIR MARKET		WATER TO AID WITH THE
FLINT, MI 48503	38-2379678	501(C)(3)	7,700.	0.	VALUE		FLINT WATER CRISIS
	i						DELAWARE NORTH. FOOD
DELAWARE NORTH SPORTSERVICE						FOOD PROVIDED	SERVED DURING EVENTS WITH
2100 WOODWARD AVENUE					FAIR MARKET	TO KIDS DURING	UNDERSERVED KIDS AND
DETROIT, MI 48201			.0	5,218.	VALUE	EVENTS	VETERAN'S ORGANIZATIONS
							BERKLEY SCHOOL DISTRICT
BERKLEY SCHOOL DISTRICT							GRANT GIVEN TO SUPPORT
14501 TALBOT ST.					FAIR MARKET		THE ORGANIZATION'S
OAK PARK, MI 48237	38-3545489	501(C)(3)	5,000.	0.	VALUE		MISSION TO HELP MAINTAIN
MICHIGAN SPORTS HALL OF FAME							
					FAIR MARKET		FAME GRANT GIVEN TO
FARMINGTON, MI 48332	38-1777712	501(C)(3)	5,000.	0	VALUE		SUPPORT THE HALL OF FAME
							Schedule I (Form 990)

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Schedule (Form 990) ILITCH CHARITIES, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	CHARITIES, ther Assistance to Go	INC.	rizations in the Ur	nited States (Scho	edule I (Form 990), Pa		38-3548144 Page 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 non-cash assistance	(h) Purpose of grant or assistance
THE JACKIE ROBINSON FOUNDATION 75 VARICK STREET 2ND FLOOR NEW YORK, NY 10013	13-2896345	501(C)(3)	.000,2	.0	,		THE JACKIE ROBINSON FOUNDATION GRANT GIVEN TO SUPPORT THE DRGANIZATION'S MISSION TO
VARIOUS		501(C)(3)	46,557.	137,539.	FAIR MARKET VALUE	FICKETS', SPORTS EQUIPMENT/UNIF FOOD AND	VARIOUS: VARIOUS GRANTS AND ITEMS GIVEN TO MANY INITIATIVES, CHARITIES, YOUTH PROGRAMS, SCHOOLS.
			,				
					•		
							-
	,						
							Schedule I (Form 990)

04-01-19

ILITCH CHARITIES, INC.

Page 2

38-3548144

Schedule I (Form 990) (2019) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ADOPT A FAMILY-DONATIONS OF FOOD, CLOTHING, TOYS TO CHILDREN, UTILITY, MEDICAL, AND HOUSING BILLS PAID ON BEHALF OF NEEDY AND/OR SICK INDIVIDUALS AND					ADOPT A FAMILY TOYS, CLOTHING
THEIR FAMILY, NO SINGLE INDIVIDUAL OR FAMILY	0	16,657.	0.	FAIR MARKET VALUE	AND ESSENTIALS WERE DONATED
COMMUNITY HOLIDAY PARTY - DINNER AND SHOPPING PROVIDED TO AREA NEEDY CHILDREN FOR THE HOLIDAY					COMMUNITY HOLIDAY PARTY CHILDREN WERE PROVIDED WITH A
SEASON	0	5,250.	1,182.	1,182.FAIR MARKET VALUE	TOYS, BOOKS, AND GAMES, EACH
HOMETOWN HOLIDAY GIVING - SHOPPING PROVIDED TO AREA NREDY CHILDREN WITH LOCAL PROFESSIONAL					
ATHLETES; TOYS, BOOKS AND GAMES DONATED TO					HOMETOWN HOLIDAY GIVING TOYS
CHILDREN'S HOSPITAL	0	11,702.	2,596.	FAIR MARKET VALUE	BOOKS AND GAMES WERE DONATED
TICKETS DONATED - BASEBALL GAME TICKETS DONATED TO					
VARIOUS FAMILIES AND CHILDREN THROUGHOUT THE YEAR.	0	0.	50,000.	50,000.FAIR MARKET VALUE	TICKETS WERS DONATED
Part IV Supplemental Information. Provide the information require	uired in Part I, line	e 2, Part III, column	ed in Part I, line 2, Part III, column (b), and any other additional information	ditional information	
PART I, LINE 2:					

THE OF PART AS ALL GRANT RECIPIENTS MUST APPLY FOR GRANT ASSISTANCE.

POTENTIAL RECIPIENTS/APPLICANTS MUST DISCLOSE THE APPLICATION PROCESS

AND INTENDED USE BASED UPON THE THE GRANT. USE AND PURPOSE OF INTENDED

AWARDED BE THE BOARD THEN DECIDES WHETHER THE GRANT WILL PURPOSE,

(H) (G) AND COLUMNS 1, PART II, LINE

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICAN CANCER SOCIETY: PROCEEDS

FIGHTS CANCER DISTRIBUTED TO SUPPORT CANCER RESEARCH FROM HOCKEY

932102 10-26-19

SEE PART IV FOR COLUMNS (A) AND (F) DESCRIPTIONS

Schedule I (Form 990) (2019)

- (H) PURPOSE OF GRANT OR ASSISTANCE: BERKLEY SCHOOL DISTRICT: GRANT GIVEN TO SUPPORT THE ORGANIZATION'S MISSION TO HELP MAINTAIN AND ENHANCE EDUCATIONAL OPPORTUNITIES FOR STUDENTS IN THE BERKLEY SCHOOL DISTRICT
- (H) PURPOSE OF GRANT OR ASSISTANCE: THE JACKIE ROBINSON FOUNDATION: GRANT GIVEN TO SUPPORT THE ORGANIZATION'S MISSION TO PROVIDE TUITION ASSISTANCE, MENTORING TRAINING, PERSONAL DEVELOPMENT AS WELL AS CAREER DEVELOPMENT TO COLLEGE STUDENTS
- (G) DESCRIPTION OF NON-CASH ASSISTANCE: TICKETS, SPORTS EQUIPMENT/UNIFORMS, FOOD AND SCHOOL NEEDS
- (H) PURPOSE OF GRANT OR ASSISTANCE: VARIOUS: VARIOUS GRANTS AND ITEMS GIVEN TO MANY INITIATIVES, CHARITIES, YOUTH PROGRAMS, SCHOOLS, AND YOUTH RECREATIONAL ORGANIZATIONS INCLUDING FUN DAYS FOR KIDS, ENGAGING THEM TO STRIVE FOR A BETTER QUALITY OF LIFE THROUGH EDUCATION AND PROGRAMS.

PART III, COLUMN (A):

- (A) TYPE OF GRANT OR ASSISTANCE: ADOPT A FAMILY-DONATIONS OF FOOD, CLOTHING, TOYS TO CHILDREN, UTILITY, MEDICAL, AND HOUSING BILLS PAID ON BEHALF OF NEEDY AND/OR SICK INDIVIDUALS AND THEIR FAMILY. NO SINGLE INDIVIDUAL OR FAMILY RECEIVED \$5,000 OR MORE IN ASSISTANCE. SIX FAMILIES WERE ASSISTED.
- (F) DESCRIPTION OF NON-CASH ASSISTANCE: COMMUNITY HOLIDAY PARTY: CHILDREN WERE PROVIDED WITH A DINNER, BACKPACK LOADED WITH TOYS, BOOKS, AND GAMES. EACH CHILD WAS TAKEN SHOPPING FOR CLOTHING AND A WINTER COAT AND ALLOWED TO CHOOSE ONE ITEM FOR EACH MEMBER OF THEIR HOUSEHOLD FOR Schedule I (Form 990)

932291 04-01-19

Schedule I (F	Form 990)		ILITCH	CHARITIES,	INC.				38-3548144	Page 2
Part IV	Suppleme	ntal In	formation							
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GIVING	DURING	THE	HOLIDAY	SEASON.						
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932291 04-01-19									20000.01 (1	30 0)

· SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury

Name of the organization

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

Internal Revenue Service

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

Employer identification number

	ILITCH CHARI	TIES,	INC.				38	<u>-3548</u>	3144	4
Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on	nor	Method o ncash cont		•	nts
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									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (TICKETS TO EV)	X	5		,010.					VAL
26	Other (BASKETS OF FA)	X	23		,975.					VAL
27	Other \blacktriangleright ($\overline{DONATION OF S}$)	X	1	3	,500.	COST	FAIR	MARK	ET	VAL
28	Other ()									
29	Number of Forms 8283 received by the organiz									
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	gement	29			_		
									Yes	No
30a	During the year, did the organization receive by			· ·	_		at it			
	must hold for at least three years from the date		il contribution, and	which isn't requir	ed to be u	sed for			ļ	
	exempt purposes for the entire holding period?)						30a	<u> </u>	Х
	If "Yes," describe the arrangement in Part II								ļ	<u></u> -
31	Does the organization have a gift acceptance p					tions?		31	<u> </u>	X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sel	l noncash			1		
	contributions?							32a		X
	If "Yes," describe in Part II									i
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column	(a) is chec	cked,		- 1		
	describe in Part II				-			L		<u> </u>
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).			Schedule	e M (Forr	n 990) 2019

Schedule M	(Form 990) 2019	TLITCH	CHARITIES,	INC.			38-3548144	Pag
Part II	Supplemental is reporting in Part this part for any ac	Informati I, column (b) Iditional infor	on. Provide the infor , the number of contration	mation required in the state of	red by Part I, lines number of items re	30b, 32b, and 33 eceived, or a com	, and whether the orga bination of both Also	anization complete
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42 09-27-19	3						Schedule M (Fo	rm 990) 20

·SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ILITCH CHARITIES, INC.

Employer identification number 38-3548144

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
YOUTH HOCKEY INITIATIVE, WITH THE NHL, PROMOTES YOUTH PARTICIPATION IN
HOCKEY IN CITIES, UTILIZING A MUTUALLY AGREED UPON COMMUNITY LIASON.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
TEMPORARILY SUSPENDED THE HOCKEY SCHOLARSHIP PROGRAM IN ORDER TO
RE-EVALUATE AND IMPROVE THE PROGRAM.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TICKET/SUITE DONATIONS TO EVENTS DONATED TO VARIOUS CHARITABLE GROUPS
SERVING THE ILL AND UNDERPRIVILEGED.
EXPENSES \$ 120,370. INCLUDING GRANTS OF \$ 120,370. REVENUE \$ 0.
YOUTH HOCKEY INITIATIVE: A PROGRAM TO PROMOTE PARTICIPATION IN YOUTH
HOCKEY WITH THE ASSISTANCE OF A COMMUNITY LIASON
EXPENSES \$ 66,802. INCLUDING GRANTS OF \$ 36,703. REVENUE \$ 0.
PURCHASED \$50,000 BASEBALL TICKETS THAT WERE DISTRIBUTED TO
DISADVANTAGED FAMILIES
EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0.
HOCKEY FIGHTS CANCER - CONTRIBUTION TO THE AMERICAN CANCER SOCIETY
EXPENSES \$ 40,764. INCLUDING GRANTS OF \$ 40,764. REVENUE \$ 0.
,
AUTOGRAPHS FOR A CAUSE ENCOURAGES VARIOUS ATHLETES TO REPRESENT A
CHARITY AND ANY DONATIONS RECEIVED FROM PROVIDING AUTOGRAPHS GOES TO
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Name of the organization Employer identification number 38-3548144 ILITCH CHARITIES, INC. THE CHARITY THE ATHLETE REPRESENTS. EXPENSES \$ 37,643. INCLUDING GRANTS OF \$ 37,595. REVENUE \$ 0. CONTRIBUTION TO THE WISH CLUB AT CHILDREN'S HOSPITAL EXPENSES \$ 30,558. INCLUDING GRANTS OF \$ 30,558. REVENUE \$ 0. ADOPT A FAMILY: VARIOUS NEEDY FAMILIES (6) WERE PROVIDED WITH ASSISTANCE TO HELP PAY, ON THEIR BEHALF, HOUSEHOLD AND MEDICAL BILLS AND REPAIRS. FOOD, CLOTHING AND TOYS WERE ALSO DONATED. EXPENSES \$ 16,657. INCLUDING GRANTS OF \$ 16,657. REVENUE \$ 0. 2019 HOMETOWN HOLIDAY GIVING: GIVING OF TOYS AND GAMES TO LOCAL NEEDY CHILDREN. CHILDREN WERE ALSO ESCORTED BY A PROFESSIONAL ATHLETE TO . SHOP FOR THEIR FAMILIES: EXPENSES \$ 14,298. INCLUDING GRANTS OF \$ 14,298. REVENUE \$ 0. 2019 COMMUNITY HOLIDAY GIVING PARTY: SELECTED NEEDY CHILDREN WERE PROVIDED WITH A DINNER, TOYS, GAMES, CLOTHES AND PICTURES FROM THE EVENT AND TAKEN TO A LOCAL SHOPPING CENTER TO BUY GIFTS FOR FAMILY MEMBERS. EXPENSES \$ 8,396. INCLUDING GRANTS OF \$ 6,432. REVENUE \$ 0. GLOVES FOR KIDS: BASEBALL GLOVES AND EQUIPMENT DONATED TO VARIOUS KIDS AND TEAMS FOR LITTLE LEAGUE EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0. HOCKEY IS FOR EVERYONE: PROGRAM DESIGNED TO PROMOTE INCLUSION AND ACCEPTANCE 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)