### 990

(Rev. January 2020)

**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 2019

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

|               |              |                         |  |                               |                              |                      |                 |                  |               |                   |              | _        |
|---------------|--------------|-------------------------|--|-------------------------------|------------------------------|----------------------|-----------------|------------------|---------------|-------------------|--------------|----------|
| Α             | For the      | 2019 calendar y         | ear, or tax year begin   | ning                          | 10-                          | )1 , <b>2019</b> , a | nd end          | ing              | 0             | 9-30 , <b>2</b> 0 | <b>J</b> 20  |          |
| В             | Check if a   | pplicable:              | C Name of organization Th  | e Children's                  | Room: Center                 | for Grie             | ving            | Childre          | 1D Emp        | loyer identific   | ation number |          |
|               | Address c    | hange                   | Doing business as &  | Teenagers, I                  | nc.                          |                      |                 |                  |               | 04-331            | .6013        |          |
|               | Name cha     | nge                     | Number and street (or P.   | O. box if mail is not delive  | ered to street address)      |                      | Room/su         | iite             | E Telep       | hone number       |              |          |
|               | Initial retu | rn .                    | 1210 Massachuse  | etts Avenue                   |                              |                      |                 |                  |               | (781)6            | 41-4741      |          |
|               | Final retur  | n/terminated            | City or town, state or prov                                      | rince, country, and ZIP or    | foreign postal code          |                      |                 |                  | <b>G</b> Gros | s receipts        |              | _        |
|               | Amended      | return .                | Arlington, MA (  | 2476                          |                              |                      |                 |                  | \$            |                   | 1,380,72     | 20       |
|               | Application  | n pending               | F Name and address of prin                                       | ncipal officer: <b>Elizab</b> | eth Cohen                    |                      |                 | H(a) Is this a g | roup return   | for subordinates? | Yes X        | No       |
|               |              |                         | Same as C above  | <b>:</b>                      |                              |                      |                 | H(b) Are all s   | ubordina      | tes included?     | Yes I        | No       |
| 1             | Tax-exem     | pt status: X 501        | (c)(3) 501(c) (  | ) ◀ (insert no.)              | 4947(a)(1) or                | 527                  |                 | If "No,"         | attach a li   | st. (see instruc  | tions)       |          |
| J             | Website:     | ▶ www.cl                | hildrensroom.or  | g                             |                              |                      |                 | H(c) Group       | exemptio      | n number 🕨        |              |          |
| K             | Form of o    | rganization: X Corp     | poration Trust Ass   | ociation Other ►              |                              | L Year of formati    | on: <b>19</b> 9 | 96 M S           | State of le   | gal domicile:     | MA           |          |
| Pa            | rt I         | Summary                 |  |                               |                              |                      |                 |                  |               |                   |              |          |
|               | 1            | Briefly describe t      | the organization's missi   | on or most significa          | ant activities: The          | Children             | 's Ro           | om crea          | tes s         | afe, su           | pportive     |          |
| ø             |              | communities             | s so that no ch  | ild, teen or                  | family has to                | grieve               | alone           |                  |               |                   |              |          |
| ŭ             |              |                         |  |                               |                              |                      |                 |                  |               |                   |              |          |
| ž             |              |                         |  |                               |                              |                      |                 |                  |               |                   |              |          |
| Governance    | 2            |                         | if the organization  |                               | •                            | of more than 2       | 25% of          | its net asset    | is.           | 1                 |              |          |
| დ<br>ფ        | 3            | Number of voting        | g members of the gove  | rning body (Part VI           | , line 1a)                   |                      |                 |                  | 3             |                   | 16           | _        |
| es            | 4            | '                       | endent voting members  | 0 0                           | , , ,                        |                      |                 |                  | 4             |                   | 16           | _        |
| Activities &  | 5            | Total number of         | individuals employed in  | calendar year 201             | 9 (Part V, line 2a)          |                      |                 |                  | 5             |                   | 14           | _        |
| Act           | 6            |                         | volunteers (estimate if r  | • ,                           |                              |                      |                 |                  | 6             |                   |              | _        |
|               | 7a           | Total unrelated b       | ousiness revenue from  | Part VIII, column (C          | c), line 12                  |                      |                 |                  | 7a            |                   | 0            | _        |
|               | b            | Net unrelated bu        | usiness taxable income   | from Form 990-T, I            | ine 39                       |                      |                 |                  | 7b            |                   | 0            |          |
|               |              |                         |  |                               |                              |                      |                 | Prior Year       |               | Cur               | rrent Year   |          |
| •             | 8            |                         | d grants (Part VIII, line  | ,                             |                              |                      |                 | 1,659            |               |                   | 1,349,25     | <u>7</u> |
| nue           | 9            | -                       | revenue (Part VIII, line   | = :                           |                              |                      |                 | 13               | ,475          |                   | 2,62         |          |
| Revenue       | 10           |                         | ne (Part VIII, column (A   | •                             | •                            |                      |                 | 15               | ,949          |                   | 28,83        | 8        |
| œ             | 11           | ,                       | Part VIII, column (A), lin                                       |                               | ,                            |                      |                 |                  |               |                   |              | 0        |
|               | 12           |                         | add lines 8 through 11 (   |                               |                              |                      |                 | 1,688            | ,949          |                   | 1,380,72     | :0       |
|               | 13           |                         | ar amounts paid (Part I  |                               |                              |                      |                 |                  |               |                   |              | 0        |
|               | 14           |                         | or for members (Part I)  |                               |                              |                      |                 | 0.4.2            | 0.50          |                   | 0.40 0.0     | 0        |
| es            | 15           |                         | ompensation, employee  | ,                             | * *                          | •                    |                 | 843              | ,052          |                   | 948,08       |          |
| Expenses      | 1            |                         | draising fees (Part IX, o<br>expenses (Part IX, col              |                               |                              | 368,708              | •               |                  |               |                   |              | 0        |
| Ϋ́            |              |                         | (Part IX, column (A), lir  |                               |                              |                      |                 | 217              | ,389          |                   | 270,98       |          |
|               |              | •                       | Add lines 13-17 (must  | •                             | ,                            |                      | •               | 1,160            |               |                   | 1,219,06     |          |
|               |              |                         | penses. Subtract line  |                               |                              |                      | ·               |                  | ,508          |                   | 161,65       |          |
| _ 0           |              |                         |  |                               |                              |                      |                 | inning of Curre  |               | Enc               | d of Year    |          |
| Net Assets or | 20           | Total assets (Pa        | rt X, line 16)   |                               |                              |                      | _               | 2,883            |               |                   | 3,221,76     | 55       |
| Ass           | 21           | Total liabilities (F    | Part X, line 26)   |                               |                              |                      |                 |                  | ,837          |                   | 803,95       |          |
| Z E           | 22           | Net assets or fur       | nd balances. Subtract  | line 21 from line 20          |                              |                      |                 | 2,260            |               |                   | 2,417,80     |          |
| Pa            | rt II        | Signature I             | Block  |                               |                              |                      |                 |                  |               |                   |              |          |
|               |              |                         | that I have examined this returnion of preparer (other than offi |                               |                              |                      | of my kno       | wledge and bel   | ief, it is    |                   |              |          |
| iiue          | , correct, a | ind complete. Declarati | lon or preparer (other than one                                  | cer) is based on all lillori  | nation of which preparer has | any knowledge.       |                 |                  |               |                   |              | —        |
| o:            |              | <b></b>                 |  |                               |                              |                      |                 |                  |               |                   |              |          |
| Sig           |              | Signature of o          | officer  |                               |                              |                      |                 |                  | Da            | ate               |              |          |
| He            | re           | -                       | eth Cohen, Exec  | utive Direct                  | or                           |                      |                 |                  |               |                   |              |          |
|               |              | Type or print i         |  |                               |                              | 1                    |                 |                  | _             | T                 |              |          |
| _             |              | Print/Type preparer     | r's name   | Preparer's signature          | $\mathcal{P}$                | Date                 |                 | Check            | <b>X</b> if   | PTIN              |              |          |
| Pai<br>-      |              | Elaine Ren              | nzi  | Elaine                        | Kenzi                        | 01-25-20             | 21              | self-emp         | oloyed        | P0062             | 24491        |          |
|               | parer        |                         | Elaine R   | enzi, CPA, L                  | LC                           |                      | F               | Firm's EIN 🕨     |               |                   |              |          |
| Us            | e Only       | Firm's address          | 8 Richar   | d Lane                        |                              |                      | F               | Phone no.        |               |                   |              |          |
|               |              |                         | Franklin   | MA 02038                      |                              |                      |                 |                  | 508-          | 528-881           |              |          |
| May           | the IDS      | diaguage this retu      | ım with the preparer sh  | own obovo2 (ooo ir            | actructions)                 |                      |                 |                  |               | v                 | Vas No       | _        |

04-3316013

Part IV

|      |   |     | 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 (see instructions).?                      | 2   | Х   |    |
| 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   |     | Х  |
| 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   |     | Х  |
| 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   |     | Х  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     |     |     |    |
| 9    | complete Schedule D, Part III   | 8   |     | Х  |
| 9    | 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            | 9   |     | ^  |
| 10   | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  | x   |    |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,            |     | Λ   |    |
| •    | VII, 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    |   |     |     |    |
|      | 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 |     | х  |
| 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 |     | х  |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | х  |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses |     |     |    |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | х  |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     |     |     |    |
|      | Schedule D, Parts XI and XII  | 12a | X   |    |
| 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  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                       | 13  |     | Х  |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?                             | 14a |     | Х  |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                        |     |     |    |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate               | 441 |     |    |
| 4 5  | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                          | 14b |     | Х  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or       | 45  |     |    |
| 16   | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | Х  |
| 16   | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                               | 16  |     | v  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on          | 10  |     | Х  |
| .,   | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                          | 17  |     | х  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on             | ••  |     | 47 |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | х  |
| 19   | 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  |
| 20 a |   | 20a |     | X  |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?            | 20b |     | _  |
| 21   | 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 Schedule I, Parts I and II                       | 21  |     | x  |

Form 990 (2019) The Children's Room: Center for Grieving Children

Part IV Checklist of Required Schedules (continued)

|         |  |       | Yes | No   |
|---------|--|-------|-----|------|
| 22      | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |       | 163 | -140 |
|         | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22    |     | x    |
| 23      | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |       |     |      |
|         | organization's current and former officers, directors, trustees, key employees, and highest compensated  |       |     |      |
|         | employees? If "Yes," complete Schedule J   | 23    |     | x    |
| 24a     | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |       |     |      |
|         | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |       |     |      |
|         | through 24d and complete 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   |     |      |
| 25a     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |       |     |      |
|         | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a   |     | Х    |
| b       | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |       |     |      |
|         | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |       |     |      |
|         | If "Yes," complete Schedule L, Part L  | 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%  |       |     |      |
| 07      | controlled entity or family member or 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    |     | v    |
| 28      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part   | LI    |     | х    |
| 20      | 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? <i>If</i>  |       |     |      |
| -       | "Yes," complete Schedule L, Part IV  | 28a   |     | x    |
| b       | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b   |     | X    |
| С       | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  |       |     |      |
|         | "Yes," complete Schedule L, Part IV  | 28c   |     | х    |
| 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    |     | х    |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31    |     | х    |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |       |     |      |
|         | complete Schedule N, Part II   | 32    |     | x    |
| 33      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |       |     |      |
|         | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33    |     | Х    |
| 34      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |       |     |      |
|         | or IV, and Part V, line 1  | 34    |     | Х    |
| 35a     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a   |     | X    |
| b       | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  |       |     |      |
|         | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b   |     |      |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   |       |     |      |
|         | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36    |     | X    |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 27    |     |      |
| 20      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37    |     | X    |
| 38      | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. | 20    | .,  |      |
| Dor     |  | 38    | X   |      |
| Par     | Check if Schedule O contains a response or note to any line in this Part V   |       |     |      |
|         | Oncor ii Ochedule O contains a response of note to any line in this rait v   | • • • | Yes | No   |
| 1a      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |       | 163 | 140  |
| ıa<br>b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable   |       |     |      |
| C       | Did the organization comply with backup withholding rules for reportable payments to vendors and   |       |     |      |
| J       | reportable gaming (gambling) winnings to prize winners?  | 1c    |     |      |

19) The Children's Room: Center for Grieving Children
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

|     |  |            | Yes | No |
|-----|--|------------|-----|----|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |            |     |    |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a 14                                |            |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b         | x   |    |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                          |            |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a         |     | x  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q                        | 3b         |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,            |            |     |    |
|     | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                 | 4a         |     | x  |
| b   | If "Yes," enter the name of the foreign country  |            |     |    |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                |            |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a         |     | x  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b         |     | х  |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                             |            |     |    |
|     | organization solicit any contributions that were not tax deductible as charitable contributions?                                   | 6a         |     | x  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     |            |     |    |
|     | gifts were not tax deductible?   | 6b         |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |            |     |    |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        |            |     |    |
|     | and services provided to the payor?  | 7a         |     | x  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b         |     |    |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |            |     |    |
|     | required to file Form 8282?  | 7c         |     | x  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |    |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e         |     | х  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | <b>7</b> f |     | х  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     | х  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h         |     | х  |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |            |     |    |
|     | sponsoring organization have excess business holdings at any time during the year?   | 8          |     |    |
| 9   | Sponsoring organizations maintaining donor advised funds.  |            |     |    |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b         |     |    |
| 10  | Section 501(c)(7) organizations. Enter:  |            |     |    |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   |            |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |            |     |    |
| 11  | Section 501(c)(12) organizations. Enter:   |            |     |    |
| а   | 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 1041?                         | 12a        |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |     |    |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |    |
|     | Note: See the instructions for additional information the organization must report on Schedule O.                                  |            |     |    |
| 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?   | 14a        |     | х  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                          | 14b        |     |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                      |            |     |    |
|     | excess parachute payment(s) during the year?   | 15         |     | Х  |
|     | If "Yes," see instructions and file Form 4720, Schedule N.   |            |     |    |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                    | 16         |     | Х  |
|     | If "Yes," complete Form 4720, Schedule O.  |            |     |    |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

| response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. |  |
|---|--|
| Check if Schedule O contains a response or note to any line in this Part VI   |  |

| Sec | tion A. Governing Body and Management   |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |     |     |    |
|     | If there are material differences in voting rights among members of the governing body, or  |     |     |    |
|     | if the governing body delegated broad authority to an executive committee or similar  |     |     |    |
|     | committee, explain on Schedule O.   |     |     |    |
| b   | Enter the number of voting members included in line 1a, above, who are independent  |     |     |    |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      |     |     |    |
|     | any other officer, director, trustee, or key employee?  | 2   |     | x  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct                           |     |     |    |
|     | supervision of officers, directors, or trustees, or key employees to a management company or other person?                          | 3   |     | x  |
| 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   |     | х  |
| 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  |     | x  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                   |     |     |    |
|     | stockholders, or persons other than the governing body?   | 7b  |     | x  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during                              |     |     |    |
|     | the year by the following:  |     |     |    |
| а   | The governing body?   | 8a  | х   |    |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b  | х   |    |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    |     |     |    |
|     | the organization's mailing address? 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 |     | х  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      |     |     |    |
|     | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a | х   |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |     |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | x   |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х   |    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           |     |     |    |
|     | describe in Schedule O how this was done  | 12c | x   |    |
| 13  | Did the organization have a written whistleblower policy?   | 13  | х   |    |
| 14  | Did the organization have a written document retention and destruction policy?  | 14  | х   |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by                              |     |     |    |
|     | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                       |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official  | 15a | x   |    |
| b   | Other officers or key employees of the organization   | 15b | х   |    |
|     | 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 taxable entity during the year?  | 16a |     | x  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                      |     |     |    |
|     | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                       |     |     |    |
|     | organization's exempt status with respect to such arrangements?   | 16b |     |    |
| Sec | tion C. Disclosure  |     |     |    |
| 17  | List the states with which a copy of this Form 990 is required to be filed   Massachusetts  |     |     |    |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)         |     |     |    |
|     | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.                            |     |     |    |
|     | Own website Another's website Don request Other (explain on Schedule O)   |     |     |    |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,         |     |     |    |
| -   | and financial statements available to the public during the tax year.   |     |     |    |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |     |     |    |
| -   | Elizabeth Cohen (781)641-4741, 1210 Massachusetts Avenue, Arlington, MA 02476   |     |     |    |

| Form 990 (2) | J' | 19 |
|--------------|----|----|
|--------------|----|----|

The Children's Room: Center for Grieving Children

04-3316013

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization nor any rela | ted organizat            | ion co                            | mper  | nsate   | ed a                    | ny curr                      | ent                       | officer, director, or | trustee.                         |                           |
|---|--------------------------|-----------------------------------|---|---------|-------------------------|------------------------------|---------------------------|-----------------------|----------------------------------|---------------------------|
|   | (C)                      |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| (4)   | (D)                      | Position                          |   |         |                         |                              |                           | (D)                   | (5)                              | <b>(E)</b>                |
| (A)   | (B)                      |                                   | (do not check more that                                       |         |                         |                              |                           | (D)                   | (E)                              | (F)                       |
| Name and title  | Average<br>hours         |                                   | box, unless person is both an officer and a director/trustee) |         | Reportable compensation | Reportable compensation      | Estimated amount of other |                       |                                  |                           |
|   | per week                 | 00                                | 0. 0  |         |                         | , t. uotoo)                  |                           | from the              | from related                     | compensation              |
|   | (list any                | 의 코                               | 5   | Q       | \$                      | 역 표                          | Ę                         | organization          | organizations<br>(W-2/1099-MISC) | from the organization and |
|   | hours for                | divid                             | stitut  | Officer | y er                    | ghes<br>nploy                | Former                    | (W-2/1099-MISC)       | (** 2/1000 1/1000)               | related organizations     |
|   | related<br>organizations | ctor t                            | iona  |         | Key employee            | st col                       | ٦                         |                       |                                  |                           |
|   | below                    | Individual trustee<br>or director | Institutional trustee   |         | /ee                     | mper                         |                           |                       |                                  |                           |
|   | dotted line)             | Ō                                 | tee   |         |                         | Highest compensated employee |                           |                       |                                  |                           |
|   |                          |                                   |   |         |                         | Ď                            |                           |                       |                                  |                           |
|   |                          |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| (1) Michael Nagle, MS                                   | 6.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| President   |                          | х                                 |   | х       |                         |                              |                           | 0                     | 0                                | 0                         |
| (2) Steve Andrew, MBA                                   | 4.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Treasurer   |                          | х                                 |   | х       |                         |                              |                           | 0                     | 0                                | 0                         |
| (3) Melinda Brown, MA                                   | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Secretary   |                          | х                                 |   | х       |                         |                              |                           | 0                     | 0                                | 0                         |
| (4) Sue Costello, LIC SW                                | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (5) Stephanie Lubin-Levy, PNP                           | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (6) Maureen Powers                                      | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (7) Pearl Riney, MD                                     | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (8) Tim Gleason   | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (9) Jonathan DeVito                                     | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (10)Courtney Silva                                      | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (11)Katie Gorczyca                                      | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (12)Jenny Carlson-Pietraszek                            | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (13)Michelle Perez Vichot                               | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |
| (14)Jennifer Bermant O'Brien                            | 2.00                     |                                   |   |         |                         |                              |                           |                       |                                  |                           |
| Director  |                          | х                                 |   |         |                         |                              |                           | 0                     | 0                                | 0                         |

Form **990** (2019)

| Part        | VII Section A. Officers, Directors, Trustee                 | es, Key Emp           | loyee       | s, aı              |        |                  | est Co                       | mp     | ensated Employe        | es (continued)            |         |                |         |
|-------------|---|-----------------------|-------------|--------------------|--------|------------------|------------------------------|--------|------------------------|---------------------------|---------|----------------|---------|
|             |   |                       |             |                    |        | (C)              |                              |        |                        |                           |         |                |         |
|             | (A)   | (B)                   | (do i       | not ch             |        | sition<br>nore t | han one                      |        | (D)                    | (E)                       | (F)     |                |         |
|             | Name and title  | Average               | box         | , unle             | ss pei | rson i           | is both ar                   |        | Reportable             | Reportable                | Estin   | nated an       |         |
|             |   | hours                 | offic       | er an              | d a di | recto            | r/trustee)                   |        | compensation from the  | compensation from related |         | of othe        |         |
|             |   | per week<br>(list any |             | ı                  |        |                  |                              |        | organization           | organizations             |         | mpensation the |         |
|             |   | hours for             | or d        | nsti               | Office | Key employee     | em High                      | Former | (W-2/1099-MISC)        | (W-2/1099-MISC)           | _       | ınization      |         |
|             |   | related               | irect       | tutio              | ĕ      | emp              | loye                         | ner    |                        |                           | relate  | d organi       | zations |
|             |   | organizations         | o 17        | Institutional trus |        | Joy              | ë com                        |        |                        |                           |         |                |         |
|             |   | below                 | or director | ruste              |        | ď                | pens                         |        |                        |                           |         |                |         |
|             |   | dotted line)          |             | 8                  |        |                  | Highest compensated employee |        |                        |                           |         |                |         |
| (45) =      |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             | rah Lazarus   | 2.00                  |             |                    |        |                  |                              |        |                        |                           |         |                | _       |
| Dire        |   |                       | X           |                    |        |                  |                              |        | 0                      | 0                         |         |                | 0       |
|             | th_Levin  | 2.00                  |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| Dire        |   |                       | Х           |                    |        |                  |                              |        | 0                      | 0                         |         |                | 0       |
| (17)E1      | izabeth_Cohen   | 40.00                 | )           |                    |        |                  |                              |        |                        |                           |         |                |         |
| Exec        | utive Director  |                       |             |                    | Х      |                  |                              |        | 127,667                | 0                         |         | 10,            | 590     |
| <u>(18)</u> |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| (19)        |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| (20)        |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| (21)        |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| (22)        |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| Δ _/        |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| (23)        |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| (24)        |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| (25)        |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| 1b          | Subtotal  |                       |             |                    |        |                  |                              | ٠ •    |                        |                           |         |                |         |
| С           | Total from continuation sheets to Part VII, Sect            | tion A .              |             |                    |        |                  |                              | ٠ •    |                        |                           |         |                |         |
| d           | Total (add lines 1b and 1c)                                 |                       |             |                    |        |                  |                              | ٠ •    | 127,667                | 0                         |         | 10,            | 590     |
| 2           | Total number of individuals (including but not limit        | ted to those I        | isted a     | bove               | e) wl  | ho r             | eceive                       | d mo   | ore than \$100,000     | of                        |         |                |         |
|             | reportable compensation from the organization               | <b>&gt;</b>           |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| •           | Did the conservation that you former officers also          |                       |             |                    |        | 1                |                              |        |                        |                           |         | Yes            | No      |
| 3           | Did the organization list any <b>former</b> officer, direct |                       | -           |                    |        |                  | -                            |        |                        |                           |         |                |         |
|             | employee on line 1a? If "Yes," complete Schedu              |                       |             |                    |        |                  |                              |        |                        |                           | 3       |                | Х       |
| 4           | For any individual listed on line 1a, is the sum of re      |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             | organization and related organizations greater th           |                       |             |                    |        | nple             | te Sch                       | edul   | le J for such          |                           |         |                |         |
|             | individual  |                       |             |                    |        |                  |                              |        |                        |                           | 4       |                | Х       |
| 5           | Did any person listed on line 1a receive or accrue          |                       |             | -                  |        |                  | _                            |        | ation or individual    |                           |         |                |         |
|             | for services rendered to the organization? If "Yes          | s," complete          | Sched       | lule .             | J for  | suc              | ch pers                      | on     |                        |                           | 5       |                | X       |
|             | on B. Independent Contractors                               |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| 1           | Complete this table for your five highest compensa          |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             | compensation from the organization. Report comp             | pensation for         | the cal     | enda               | ar ye  | ear e            | ending                       | with   |                        | nization's tax year.      |         |                |         |
|             | (A)   |                       |             |                    |        |                  |                              |        | (B)                    |                           | (C)     |                |         |
|             | Name and business addres                                    | SS                    |             |                    |        |                  |                              |        | Description of service | es                        | Compens | sation         |         |
|             |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
|             |   |                       |             |                    |        |                  |                              |        |                        |                           |         |                |         |
| 2           | Total number of independent contractors (includin           | g but not lim         | ited to     | thos               | se lis | sted             | above)                       | wh     | 0                      |                           |         |                |         |
|             | received more than \$100,000 of compensation from           | m the organi          | zation      |                    | •      |                  |                              |        |                        |                           |         |                |         |

|   |                             | Check if Schedule O contains a response or r  | note to any line in thi   | s Part VIII          |  | <u> </u>                             |                                     |
|---|-----------------------------|---|---------------------------|----------------------|--|--------------------------------------|-------------------------------------|
|   |                             |   |                           | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a<br>b<br>c<br>d<br>e<br>f |   | 50,000<br>1,299,257<br>\$ | 1,349,257            |  |                                      | sections 512–514                    |
| Program Service<br>Revenue                                | b<br>c<br>d<br>e<br>f       | Training  All other program service revenue   |                           | 2,625                | 2,625                                  |                                      |                                     |
|   | 3<br>4<br>5                 | Investment income (including dividends, interest, other similar amounts)                            | eeds •                    | 28,838               |  |                                      | 28,838                              |
|   | b<br>c                      |   | (ii) Personal             |                      |  |                                      |                                     |
| venue   | 7a<br>b                     | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses | (ii) Other                |                      |  |                                      |                                     |
| 5 6a b c d 7a b c d 8a b c 9a                             | Net gain or (loss)          | a   |                           |                      |  |                                      |                                     |
|   | c<br>9a<br>b                | Gross income from gaming activities, See Part IV, line 19 9at Less: direct expenses 9t              |                           |                      |  |                                      |                                     |
|   | 10a<br>b                    | Gross sales of inventory, less returns and allowances   | a<br>b                    |                      |  |                                      |                                     |
| Miscellanous<br>Revenue                                   |                             | All other revenue   |                           |                      |  |                                      |                                     |
|   |                             | Total. Add lines 11a-11d  |                           | 1,380,720            | 2,625                                  | 0                                    | 28,838                              |

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Compensation of current officers, directors, 55,136 139,339 13,934 70,269 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages . . . . . . . . . . . . . . 697,161 460,239 46,386 190,536 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,599 5,631 201 1,767 9 35,822 23,983 2,962 8,877 10 68,160 39,045 8,078 21,037 11 Fees for services (nonemployees): b Legal...... 42,952 42,952 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 8,563 13,290 1,847 2,880 12 305 305 13 37,131 16,514 4,148 16,469 14 19,190 10,335 1,939 6,916 15 16 54,790 45,076 4,855 4,859 17 2,188 1,139 353 696 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,969 732 758 1,479 20 21 22 Depreciation, depletion, and amortization . . . . . . 28,131 23,112 2,528 2,491 23 Insurance ........ 5,310 3,013 1,880 417 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Bank & credit card fees 15,108 4,523 10,585 Event expenses 27,575 27,575 4,495 3,492 1,003 C Furnishings & equipment d Teen program expenses 6,696 6,696 е All other expenses 10,856 5,013 3,988 1,855 Total functional expenses. Add lines 1 through 24e. . 25 1,219,067 666,517 183,842 368,708 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)

Part X **Balance Sheet** 

|                             |     | Check if Schedule O contains a response or note to any line in this Part X   |                   |     | <u> </u>    |
|-----------------------------|-----|--|-------------------|-----|-------------|
|                             |     |  | (A)               |     | (B)         |
|                             |     |  | Beginning of year |     | End of year |
|                             | 1   | Cash - non-interest-bearing  | 61,332            | 1   | 181,095     |
|                             | 2   | Savings and temporary cash investments                                       | . 484,124         | 2   | 757,738     |
|                             | 3   | Pledges and grants receivable, net   | 1,296,424         | 3   | 1,266,699   |
|                             | 4   | Accounts receivable, net   | 2,458             | 4   | 2,454       |
|                             | 5   | Loans and other receivables from any current or former officer, director,    |                   |     |             |
|                             |     | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |     |             |
|                             |     | controlled entity or family member of any of these persons                   | •                 | 5   |             |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined      |                   |     |             |
|                             |     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |                   | 6   |             |
| (n                          | 7   | Notes and loans receivable, net  |                   | 7   |             |
| Assets                      | 8   | Inventories for sale or use  |                   | 8   |             |
| As                          | 9   | Prepaid expenses and deferred charges  | . 17,106          | 9   | 13,159      |
|                             | 10a | Land, buildings, and equipment: cost or other                                |                   |     |             |
|                             |     | basis. Complete Part VI of Schedule D 10a 1,158,4                            | 76                |     |             |
|                             | b   | Less: accumulated depreciation 10b 357,64                                    | 828,513           | 10c | 800,833     |
|                             | 11  | Investments - publicly traded securities                                     | . 187,872         | 11  | 194,285     |
|                             | 12  | Investments - other securities. See Part IV, line 11                         |                   | 12  |             |
|                             | 13  | Investments - program-related. See Part IV, line 11                          |                   | 13  |             |
|                             | 14  | Intangible assets  |                   | 14  |             |
|                             | 15  | Other assets. See Part IV, line 11   | 5,954             | 15  | 5,502       |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                    |                   | 16  | 3,221,765   |
|                             | 17  | Accounts payable and accrued expenses  | . 75,522          | 17  | 100,210     |
|                             | 18  | Grants payable   |                   | 18  |             |
|                             | 19  | Deferred revenue   |                   | 19  |             |
|                             | 20  | Tax-exempt bond liabilities  |                   | 20  |             |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D        | •                 | 21  |             |
| S                           | 22  | Loans and other payables to any current or former officer, director,         |                   |     |             |
| Liabilities                 |     | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |     |             |
| iab                         |     | controlled entity or family member of any of these persons                   | •                 | 22  |             |
| _                           | 23  | Secured mortgages and notes payable to unrelated third parties               | . 547,315         | 23  | 703,747     |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                 |                   | 24  |             |
|                             | 25  | Other liabilities (including federal income tax, payables to related third   |                   |     |             |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X |                   |     |             |
|                             |     | of Schedule D  |                   | 25  |             |
|                             | 26  | Total liabilities. Add lines 17 through 25                                   | 622,837           | 26  | 803,957     |
|                             |     | Organizations that follow FASB ASC 958, check here                           |                   |     |             |
| S                           |     | and complete lines 27, 28, 32, and 33.                                       |                   |     |             |
| S S                         | 27  | Net assets without donor restrictions  | 891,377           | 27  | 1,040,524   |
| sala                        | 28  | Net assets with donor restrictions   | 1,369,569         | 28  | 1,377,284   |
| ğ                           |     | Organizations that do not follow FASB ASC 958, check here                    |                   |     |             |
| Ī                           |     | and complete lines 29 through 33.  |                   |     |             |
| ō                           | 29  | Capital stock or trust principal, or current funds                           | •                 | 29  |             |
| sets                        | 30  | Paid-in or capital surplus, or land, building, or equipment fund             |                   | 30  |             |
| As                          | 31  | Retained earnings, endowment, accumulated income, or other funds             |                   | 31  |             |
| Net Assets or Fund Balances | 32  | Total net assets or fund balances  |                   | 32  | 2,417,808   |
|                             | 33  | Total liabilities and net assets/fund balances                               | 2,883,783         | 33  | 3,221,765   |

| Form | 990 (2019) The Children's Room: Center for Grieving Children 04   | 1-3316013 | 3  | Pa   | age <b>12</b> |
|------|---|-----------|----|------|---------------|
| Par  | rt XI Reconciliation of Net Assets  |           |    |      |               |
|      | Check if Schedule O contains a response or note to any line in this Part XI   | <u>.</u>  |    |      | . 🗌           |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 1, | 380, | 720           |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 1, | 219, | 067           |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         |    | 161, | 653           |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4         | 2, | 260, | 946           |
| 5    | Net unrealized gains (losses) on investments  | 5         |    | (4,  | 791           |
| 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         |    |      | 0             |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |           |    |      |               |
|      | 32, column (B))   | 10        | 2, | 417, | 808           |
| Par  | rt XII Financial Statements and Reporting   |           |    |      |               |
|      | Check if Schedule O contains a response or note to any line in this Part XII  | <b></b> . |    |      |               |
|      |   | -         |    | Yes  | No            |
| 1    | Accounting method used to prepare the Form 990:  Cash X Accrual Other   | _         |    |      |               |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in   |           |    |      |               |
|      | Schedule O.   |           |    |      |               |
| 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 on a separate basis, consolidated basis, or both:  |           |    |      |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |    |      |               |
| b    | Were the organization's financial statements audited by an independent accountant?  |           | 2b | X    |               |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a   |           |    |      |               |
|      | separate basis, consolidated basis, or both:  |           |    |      |               |
|      | ▼ Separate basis  □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Consolid |           |    |      |               |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |           |    |      |               |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant?   |           | 2c | X    |               |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   |           |    |      |               |
|      | Schedule O.   |           |    |      |               |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the   |           |    |      |               |
|      | Single Audit Act and OMB Circular A-133?  |           | 3a |      | х             |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |           |    |      |               |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |           | 3b |      |               |

EEA

Form **990** (2019)

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

# **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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Fundamental and the second and the s

| warne      | or the                            | e organization   |                        |                                 |                   |              | Employer identificat     | ion number         |  |  |  |
|------------|-----------------------------------|--|------------------------|---------------------------------|-------------------|--------------|--------------------------|--------------------|--|--|--|
| The        | Ch                                | ildren's Room: Center for  | r Grieving C           | hildren                         |                   |              | 04-331601                | 3                  |  |  |  |
| Pa         | rt I                              | Reason for Public Charity  | / Status (All or       | ganizations must co             | omplete           | this part    | .) See instructions      |                    |  |  |  |
| The        | orga                              | nization is not a private foundation bec   | ause it is: (For lines | s 1 through 12, check onl       | y one box.        | )            |                          |                    |  |  |  |
| 1          |                                   | A church, convention of churches, or   | association of chu     | rches described in <b>sect</b>  | ion 170(b)        | (1)(A)(i).   |                          |                    |  |  |  |
| 2          |                                   | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> |                        |                                 |                   |              |                          |                    |  |  |  |
| 3          |                                   | A hospital or a cooperative hospital s   | ervice organization    | n described in <b>section 1</b> | 70(b)(1)(A        | )(iii).      |                          |                    |  |  |  |
| 4          |                                   | A medical research organization ope  | rated in conjunctio    | n with a hospital describ       | ed in <b>sect</b> | ion 170(b)   | (1)(A)(iii). Enter the   |                    |  |  |  |
|            | hospital's name, city, and state: |  |                        |                                 |                   |              |                          |                    |  |  |  |
| 5          |                                   | An organization operated for the bene  | efit of a college or υ | iniversity owned or opera       | ated by a g       | jovernmen    | tal unit described in    |                    |  |  |  |
|            |                                   | section 170(b)(1)(A)(iv). (Complete Part II.)  |                        |                                 |                   |              |                          |                    |  |  |  |
| 6          |                                   | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   |                        |                                 |                   |              |                          |                    |  |  |  |
| 7          | X                                 |  |                        |                                 |                   |              |                          |                    |  |  |  |
|            |                                   | described in section 170(b)(1)(A)(vi). (Complete Part II.)   |                        |                                 |                   |              |                          |                    |  |  |  |
| 8          |                                   | A community trust described in secti   | on 170(b)(1)(A)(vi     | ). (Complete Part II.)          |                   |              |                          |                    |  |  |  |
| 9          |                                   | An agricultural research organization  | described in secti     | ion 170(b)(1)(A)(ix) ope        | erated in co      | njunction    | with a land-grant collec | ge                 |  |  |  |
|            |                                   | or university or a non-land-grant colle  | ge of agriculture (s   | ee instructions). Enter the     | e name, cit       | ty, and stat | e of the college or      |                    |  |  |  |
|            |                                   | university:  |                        |                                 |                   |              |                          |                    |  |  |  |
| 10         |                                   | An organization that normally receive  | s: (1) more than 33    | 1/3% of its support from        | n contributi      | ons, memb    | ership fees, and gross   |                    |  |  |  |
|            |                                   | receipts from activities related to its e  | xempt functions - s    | subject to certain excepti      | ons, and (2       | 2) no more   | than 33 1/3% of its      |                    |  |  |  |
|            |                                   | support from gross investment income   | e and unrelated but    | siness taxable income (le       | ess sectior       | n 511 tax) f | rom businesses           |                    |  |  |  |
|            |                                   | acquired by the organization after Ju  |                        |                                 |                   | ,            |                          |                    |  |  |  |
| 11         | 닏                                 | An organization organized and opera  | •                      | •                               |                   |              |                          |                    |  |  |  |
| 12         | Ш                                 | An organization organized and operation  | •                      | •                               |                   |              |                          |                    |  |  |  |
|            |                                   | of one or more publicly supported org  |                        |                                 |                   |              |                          | •                  |  |  |  |
|            |                                   | Check the box in lines 12a through 12  |                        |                                 |                   |              |                          | -                  |  |  |  |
|            | а                                 | Type I. A supporting organization  |                        | •                               |                   | •            |                          | ng                 |  |  |  |
|            |                                   | the supported organization(s) the  |                        |                                 | rity of the c     | lirectors or | trustees of the          |                    |  |  |  |
|            |                                   | supporting organization. You mu  | •                      |                                 |                   |              |                          |                    |  |  |  |
|            | b                                 | Type II. A supporting organization   | •                      |                                 |                   | _            |                          |                    |  |  |  |
|            |                                   | control or management of the sup   |                        | •                               | rsons that o      | control or n | nanage the supported     |                    |  |  |  |
|            |                                   | organization(s). You must comp   |                        |                                 |                   |              |                          | at.                |  |  |  |
|            | С                                 | Type III functionally integrated   |                        | ·                               |                   |              |                          | tn,                |  |  |  |
|            |                                   | its supported organization(s) (see   | ,                      | •                               | •                 |              |                          | - (-)              |  |  |  |
|            | d                                 | Type III non-functionally integrated   |                        |                                 |                   |              |                          | n(S)               |  |  |  |
|            |                                   | that is not functionally integrated.   |                        | •                               |                   | •            | it and an attentiveness  |                    |  |  |  |
|            | е                                 | requirement (see instructions). <b>Y</b> Check this box if the organization  | •                      |                                 |                   |              | Typo II. Typo III        |                    |  |  |  |
|            | E                                 | functionally integrated, or Type III   |                        |                                 |                   | a Type I,    | туре п, туре ш           |                    |  |  |  |
|            | f                                 | Enter the number of supported organ  |                        |                                 |                   |              |                          |                    |  |  |  |
|            | g<br>g                            | Provide the following information about  |                        |                                 |                   |              |                          | • • • •            |  |  |  |
|            |                                   | i) Name of supported organization  | (ii) EIN               | (iii) Type of organization      | (iv) Is the o     | rganization  | (v) Amount of monetary   | (vi) Amount of     |  |  |  |
|            | `                                 | ,  | ( )                    | (described on lines 1-10        | listed in you     | r governing  | support (see             | other support (see |  |  |  |
|            |                                   |  |                        | above (see instructions))       | docum             | ent?         | instructions)            | instructions)      |  |  |  |
|            |                                   |  |                        |                                 | Yes               | No           |                          |                    |  |  |  |
|            |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| (A)        |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| <b>(D)</b> |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| (B)        |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| (C)        |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| (C)        |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| (D)        |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| (0)        |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| (E)        |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| -          |                                   |  |                        |                                 |                   |              |                          |                    |  |  |  |
| Tota       | ıl                                |  |                        |                                 |                   |              |                          |                    |  |  |  |

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>(b)</b> 2016 | (c) 2017         | <b>(d)</b> 2018 | <b>(e)</b> 2019 | (f) Total |
| 1   | Gifts, grants, contributions, and                            |                  |                 |                  |                 |                 |           |
|     | membership fees received. (Do not                            |                  |                 |                  |                 |                 |           |
|     | include any "unusual grants.")                               | 1,114,590        | 954,304         | 1,348,366        | 1,659,525       | 1,349,257       | 6,426,042 |
| 2   | Tax revenues levied for the                                  |                  |                 |                  |                 |                 |           |
|     | organization's benefit and either paid                       |                  |                 |                  |                 |                 |           |
|     | to or expended on its behalf                                 |                  |                 |                  |                 |                 |           |
| 3   | The value of services or facilities                          |                  |                 |                  |                 |                 |           |
|     | furnished by a governmental unit to the                      |                  |                 |                  |                 |                 |           |
|     | organization without charge                                  |                  |                 |                  |                 |                 |           |
| 4   | <b>Total.</b> Add lines 1 through 3                          | 1,114,590        | 954,304         | 1,348,366        | 1,659,525       | 1,349,257       | 6,426,042 |
| 5   |  |                  |                 |                  |                 |                 |           |
|     | each person (other than a                                    |                  |                 |                  |                 |                 |           |
|     | governmental unit or publicly                                |                  |                 |                  |                 |                 |           |
|     | supported organization) included on                          |                  |                 |                  |                 |                 |           |
|     | line 1 that exceeds 2% of the amount                         |                  |                 |                  |                 |                 |           |
|     | shown on line 11, column (f)                                 |                  |                 |                  |                 |                 | 364,221   |
|     | Public support. Subtract line 5 from line 4                  |                  |                 |                  |                 |                 | 6,061,821 |
|     | ction B. Total Support                                       | (=) 0045         | (h) 0040        | (2) 2047         | (4) 0040        | (a) 0040        | (f) T-1 1 |
|     | endar year (or fiscal year beginning in)▶                    | (a) 2015         | <b>(b)</b> 2016 | (c) 2017         | (d) 2018        | <b>(e)</b> 2019 | (f) Total |
|     | Amounts from line 4  | 1,114,590        | 954,304         | 1,348,366        | 1,659,525       | 1,349,257       | 6,426,042 |
| 8   | Gross income from interest, dividends,                       |                  |                 |                  |                 |                 |           |
|     | payments received on securities loans,                       |                  |                 |                  |                 |                 |           |
|     | rents, royalties and income from                             | 4 005            |                 | 0 101            | 10 10           | 24 245          | F2 610    |
| ^   | similar sources  | 4,285            | 6,071           | 9,101            | 10,107          | 24,046          | 53,610    |
| 9   |  |                  |                 |                  |                 |                 |           |
|     | activities, whether or not the business                      |                  |                 |                  |                 |                 |           |
| 10  | is regularly carried on Other income. Do not include gain or |                  |                 |                  |                 |                 |           |
| 10  | loss from the sale of capital assets                         |                  |                 |                  |                 |                 |           |
|     | (Explain in Part VI.)  |                  |                 |                  |                 |                 |           |
| 11  | <b>Total support.</b> Add lines 7 through 10                 |                  |                 |                  |                 |                 | 6,479,652 |
|     | Gross receipts from related activities, etc. (se             | oo instructions) |                 |                  |                 | 12              | 0,4/9,052 |
|     | First five years. If the Form 990 is for the or              | •                |                 |                  |                 |                 | )(3)      |
|     | organization, check this box and <b>stop here</b>            | •                |                 |                  | •               | , ,             |           |
| Se  | ction C. Computation of Public Suppor                        |                  |                 |                  |                 |                 |           |
|     | Public support percentage for 2019 (line 6, c                |                  |                 | olumn (f))       |                 | 14              | 93.55 %   |
|     | Public support percentage from 2018 Sched                    |                  |                 |                  |                 | 15              | 93.42 %   |
|     | 33 1/3% support test - 2019. If the organiza                 |                  |                 |                  |                 | % or more, che  |           |
|     | box and <b>stop here</b> . The organization qualified        |                  |                 |                  |                 |                 |           |
| k   | 33 1/3% support test - 2018. If the organiza                 |                  |                 |                  |                 |                 |           |
|     | this box and <b>stop here.</b> The organization qu           | alifies as a pub | licly supported | l organization . |                 |                 | ▶ □       |
| 17a | 10%-facts-and-circumstances test - 2019.                     | If the organiza  | tion did not ch | eck a box on li  | ne 13, 16a, or  | 16b, and line 1 | 4 is      |
|     | 10% or more, and if the organization meets t                 |                  |                 |                  |                 |                 |           |
|     | Part VI how the organization meets the "facts                | s-and-circumsta  | ances" test. Th | ne organization  | qualifies as a  | publicly suppor | rted      |
|     | organization   |                  |                 |                  |                 |                 | ▶ □       |
| k   | o 10%-facts-and-circumstances test - 2018.                   |                  |                 |                  |                 |                 |           |
|     | 15 is 10% or more, and if the organization m                 | -                |                 |                  |                 |                 |           |
|     | Explain in Part VI how the organization meet                 |                  |                 |                  |                 | -               | icly      |
|     | supported organization                                       |                  |                 |                  |                 |                 | ▶ □       |
| 18  | Private foundation. If the organization did n                |                  |                 |                  |                 |                 |           |
|     | instructions   |                  |                 |                  |                 |                 | ▶ □       |

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

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

| Sec  | ction A. Public Support   |                  |                 | T                |                |                 |           |
|------|---|------------------|-----------------|------------------|----------------|-----------------|-----------|
| Cal  | endar year (or fiscal year beginning in)▶   | (a) 2015         | <b>(b)</b> 2016 | (c) 2017         | (d) 2018       | <b>(e)</b> 2019 | (f) Total |
| 1    | Gifts, grants, contributions, and membership fees   |                  |                 |                  |                |                 |           |
|      | received. (Do not include any "unusual grants.")  |                  |                 |                  |                |                 |           |
| 2    | Gross receipts from admissions, merchandise   |                  |                 |                  |                |                 |           |
|      | sold or services performed, or facilities fumished in any activity that is related to the |                  |                 |                  |                |                 |           |
|      | organization's tax-exempt purpose   |                  |                 |                  |                |                 |           |
| 3    | Gross receipts from activities that are not an  |                  |                 |                  |                |                 |           |
|      | unrelated trade or business under section 513.  |                  |                 |                  |                |                 |           |
| 4    | Tax revenues levied for the   |                  |                 |                  |                |                 |           |
|      | organization's benefit and either paid to   |                  |                 |                  |                |                 |           |
|      | or expended on its behalf   |                  |                 |                  |                |                 |           |
| 5    | The value of services or facilities   |                  |                 |                  |                |                 |           |
|      | furnished by a governmental unit to the   |                  |                 |                  |                |                 |           |
|      | organization without charge   |                  |                 |                  |                |                 |           |
|      | <b>Total.</b> Add lines 1 through 5   |                  |                 |                  |                |                 |           |
| 7a   | Amounts included on lines 1, 2, and 3   |                  |                 |                  |                |                 |           |
|      | received from disqualified persons  |                  |                 |                  |                |                 |           |
| b    | Amounts included on lines 2 and 3   |                  |                 |                  |                |                 |           |
|      | received from other than disqualified   |                  |                 |                  |                |                 |           |
|      | persons that exceed the greater of \$5,000  |                  |                 |                  |                |                 |           |
|      | or 1% of the amount on line 13 for the year   |                  |                 |                  |                |                 |           |
|      | Add lines 7a and 7b   |                  |                 |                  |                |                 |           |
| 8    | Public support. (Subtract line 7c from  |                  |                 |                  |                |                 |           |
|      | line 6.)  |                  |                 |                  |                |                 |           |
|      | ction B. Total Support  | (.) 00:-         | 41.00:0         | (.) 00:=         | (1) 00:5       | (1) 2212        | /C = : :  |
|      | endar year (or fiscal year beginning in)▶   | <b>(a)</b> 2015  | <b>(b)</b> 2016 | (c) 2017         | (d) 2018       | <b>(e)</b> 2019 | (f) Total |
|      | Amounts from line 6   |                  |                 |                  |                |                 |           |
| 10a  | Gross income from interest, dividends,  |                  |                 |                  |                |                 |           |
|      | payments received on securities loans, rents,   |                  |                 |                  |                |                 |           |
| ı.   | royalties, and income from similar sources  |                  |                 |                  |                |                 |           |
| a    | 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  |                  |                 |                  |                |                 |           |
| 40   | or not the business is regularly carried on   |                  |                 |                  |                |                 |           |
| 12   | Other income. Do not include gain or  |                  |                 |                  |                |                 |           |
|      | loss from the sale of capital assets  |                  |                 |                  |                |                 |           |
| 12   | (Explain in Part VI.)   |                  |                 |                  |                |                 |           |
| 13   | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)                                     |                  |                 |                  |                |                 |           |
| 11   | First five years. If the Form 990 is for the or   | raanization's fi | ret eacond thi  | rd fourth or fit | th tay year as | section 501/a   | ·)(3)     |
| 14   |   | -                |                 |                  | -              | •               |           |
| Sec  | organization, check this box and stop here ction C. Computation of Public Support         |                  |                 | · · · · · · · ·  |                |                 | <u> </u>  |
|      | Public support percentage for 2019 (line 8, c   |                  |                 | column (f))      |                | 15              | %         |
|      | Public support percentage from 2018 Sched   |                  | -               |                  |                | 16              | %         |
|      | ction D. Computation of Investment In   |                  |                 | <u> </u>         |                | 10              | /0        |
|      | Investment income percentage for 2019 (line   |                  |                 | ine 13. column   | n (f))         | 17              | %         |
|      | Investment income percentage from 2018 Se   |                  |                 |                  |                | 18              | %         |
|      | 33 1/3% support tests - 2019. If the organiz  |                  |                 |                  |                |                 |           |
| . Ju | 17 is not more than 33 1/3%, check this box   |                  |                 |                  |                |                 |           |
| h    | 33 1/3% support tests - 2018. If the organiz  | -                | -               | •                |                |                 |           |
|      | line 18 is not more than 33 1/3%, check this  |                  |                 |                  |                |                 |           |
| 20   | <b>Private foundation.</b> If the organization did r                                      | _                | _               | -                | -              |                 | _         |

Part IV Supporting

### 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|       |          | Yes      | No      |
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|       | 10a      |          |         |
|       | 10b      |          |         |
| A (Fo |          | or 990-E | Z) 2019 |
|       |          |          |         |

Schedule A (Form 990 or 990-EZ) 2019 The Children's Room: Center for Grieving Children Page 5 04-3316013 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). **a** The organization satisfied the Activities Test. *Complete line 2 below.* **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the

reasons for the organization's position that its supported organization(s) would have engaged in these

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

2b

3a

| Sched | ule A (Form 990 or 990-EZ) 2019   | ng Cl | hildren 04-331           | 6013 Page 6                 |
|-------|---|-------|--------------------------|-----------------------------|
|       | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org               |       |                          | <u> </u>                    |
| 1     |   |       |                          | in in Part VI). See         |
|       | instructions. All other Type III non-functionally integrated supporting organiz | ation | ns must complete Section | ns A through E.             |
| Sac:  | ion A - Adjusted Net Income   |       | (A) Prior Year           | (B) Current Year            |
| JEC.  | ion A - Aujusteu Net Income   |       | (A) I IIOI I Gai         | (optional)                  |
| 1     | Net short-term capital gain   | 1     |                          |                             |
|       | Recoveries of prior-year distributions  | 2     |                          |                             |
|       | Other gross income (see instructions)   | 3     |                          |                             |
|       | Add lines 1 through 3.  | 4     |                          |                             |
| 5     | Depreciation and depletion  | 5     |                          |                             |
| 6     | Portion of operating expenses paid or incurred for production or                |       |                          |                             |
| СО    | lection of gross income or for management, conservation, or                     |       |                          |                             |
| ma    | intenance 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     |                          |                             |
| Sec   | ion B - Minimum Asset Amount  |       | (A) Prior Year           | (B) Current Year (optional) |
| 1     | Aggregate fair market value of all non-exempt-use assets (see                   |       |                          |                             |
| ins   | tructions for short tax year or assets held for part of year):                  |       |                          |                             |
| а     | Average monthly value of securities   | 1a    |                          |                             |
| b     | Average monthly cash balances   | 1b    |                          |                             |
| С     | Fair market value of other non-exempt-use assets                                | 1c    |                          |                             |
| d     | Total (add lines 1a, 1b, and 1c)  | 1d    |                          |                             |
| е     | Discount claimed for blockage or other  |       |                          |                             |
| fa    | ctors (explain in detail in Part VI):   |       |                          |                             |
| 2     | Acquisition indebtedness applicable to non-exempt-use assets                    | 2     |                          |                             |
| 3     | Subtract line 2 from line 1d.   | 3     |                          |                             |
| 4     | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    |       |                          |                             |
| se    | e instructions).  | 4     |                          |                             |
| 5     | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5     |                          |                             |
| 6     | Multiply line 5 by .035.  | 6     |                          |                             |
| 7     | Recoveries of prior-year distributions  | 7     |                          |                             |
| 8     | Minimum Asset Amount (add line 7 to line 6)                                     | 8     |                          |                             |
| Sec   | ion C - Distributable Amount  |       |                          | Current Year                |
| 1     | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1     |                          |                             |
| 2     | Enter 85% of line 1.  | 2     |                          |                             |
| 3     | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3     |                          |                             |

emergency temporary reduction (see instructions). 6 instructions).

4

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

| Part V  | Type III Non-Functionally | Integrated 509(a)(3)  | Supporting O    | rganizations | (continued)    |
|---------|---------------------------|-----------------------|-----------------|--------------|----------------|
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| Pai | t V Type III Non-Functionally Integrated 509(a)(3)              | ) Supporting Organia        | zations (continued)                    |   |
|-----|---|-----------------------------|--|---|
| Sec | tion D - Distributions  |                             |  | Current Year                              |
| _1  | Amounts paid to supported organizations to accomplish exem      | npt purposes                |  |   |
| 2   | Amounts paid to perform activity that directly furthers exempt  | purposes of supported       |  |   |
|     | organizations, in excess of income from activity                |                             |  |   |
| 3   | Administrative expenses paid to accomplish exempt purposes      | s of supported organizati   | ons                                    |   |
| 4   | Amounts paid to acquire exempt-use assets                       |                             |  |   |
| 5   | Qualified set-aside amounts (prior IRS approval required)       |                             |  |   |
| 6   | Other distributions (describe in Part VI). See instructions.    |                             |  |   |
| 7   | <b>Total annual distributions.</b> Add lines 1 through 6.       |                             |  |   |
| 8   | Distributions to attentive supported organizations to which the | organization is respons     | ive                                    |   |
|     | (provide details in Part VI). See instructions.                 |                             |  |   |
| 9   | Distributable amount for 2019 from Section C, line 6            |                             |  |   |
| 10  | Line 8 amount divided by line 9 amount                          |                             |  |   |
| S   | Section E - Distribution Allocations (see instructions)         | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1   | Distributable amount for 2019 from Section C, line 6            |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2019             |                             |  |   |
|     | (reasonable cause required - explain in Part VI). See           |                             |  |   |
|     | instructions.   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2019                 |                             |  |   |
| а   | From 2014   |                             |  |   |
| b   | From 2015   |                             |  |   |
| С   | From 2016   |                             |  |   |
| d   | From 2017   |                             |  |   |
| е   | From 2018   |                             |  |   |
| f   | Total of lines 3a through e                                     |                             |  |   |
| g   | Applied to underdistributions of prior years                    |                             |  |   |
| h   | Applied to 2019 distributable amount                            |                             |  |   |
| i_  | Carryover from 2014 not applied (see instructions)              |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                             |  |   |
| 4   | Distributions for 2019 from                                     |                             |  |   |
|     | Section D, line 7:  |                             |  |   |
| а   | Applied to underdistributions of prior years                    |                             |  |   |
|     | Applied to 2019 distributable amount                            |                             |  |   |
| С   | Remainder. Subtract lines 4a and 4b from 4.                     |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2019, if        |                             |  |   |
|     | any. Subtract lines 3g and 4a from line 2. For result           |                             |  |   |
|     | greater than zero, explain in Part VI. See instructions.        |                             |  |   |
| 6   | Remaining underdistributions for 2019. Subtract lines 3h        |                             |  |   |
|     | and 4b from line 1. For result greater than zero, explain in    |                             |  |   |
|     | Part VI. See instructions.                                      |                             |  |   |
| 7   | Excess distributions carryover to 2020. Add lines 3j            |                             |  |   |
|     | and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| а   | Excess from 2015  |                             |  |   |
|     | Excess from 2016  |                             |  |   |
| С   | Excess from 2017  |                             |  |   |

d Excess from 2018 e Excess from 2019

| Part VI | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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# **SCHEDULE D** (Form 990)

# **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| The | Children's Room: Center for Grieving Ch                              | ildren   | 04-3316013                            |
|-----|--|--|---------------------------------------|
| Pa  | rt I Organizations Maintaining Donor Advised Fu                      | unds or Other Similar Funds or Acco            | ounts.                                |
|     | Complete if the organization answered "Yes" on                       | Form 990, Part IV, line 6.                     |                                       |
|     | <u> </u>   | (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 w       | riting that the assets held in donor advised   |                                       |
|     | funds are the organization's property, subject to the organizati     | =  |                                       |
| 6   | Did the organization inform all grantees, donors, and donor ad       |  |                                       |
|     | only for charitable purposes and not for the benefit of the dono     |  |                                       |
|     | conferring impermissible private benefit?                            |  |                                       |
| Pa  | rt II Conservation Easements.  |  |                                       |
|     | Complete if the organization answered "Yes" o                        | n Form 990. Part IV. line 7.                   |                                       |
| 1   | Purpose(s) of conservation easements held by the organization        |  |                                       |
|     | Preservation of land for public use (e.g., recreation or edu         |  | f a historically important land area  |
|     | Protection of natural habitat  | · =  | f a certified historic structure      |
|     | Preservation of open space   |  |                                       |
| 2   | Complete lines 2a through 2d if the organization held a qualified    | conservation contribution in the form of a co  | onservation                           |
| _   | easement on the last day of the tax year.                            |  | Held at the End of the Tax Year       |
| а   |  |  |                                       |
| b   |  |  |                                       |
| С   | Number of conservation easements on a certified historic structure.  |  |                                       |
| d   | Number of conservation easements included in (c) acquired a          |  |                                       |
| _   |  |  | 2d                                    |
| 3   | Number of conservation easements modified, transferred, rele         |  |                                       |
| •   | tax year ▶   |  | ,                                     |
| 4   | Number of states where property subject to conservation ease         | ement is located ▶                             |                                       |
| 5   | Does the organization have a written policy regarding the period     |  |                                       |
| •   | violations, and enforcement of the conservation easements it h       |  |                                       |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, ha      |  |                                       |
| -   | <b>▶</b>   |  |                                       |
| 7   | Amount of expenses incurred in monitoring, inspecting, handling      | ng of violations, and enforcing conservation e | easements during the year             |
|     | <b>▶</b> \$  | <b>3</b>                                       | <b>3</b> · · <b>,</b> · · ·           |
| 8   | Does each conservation easement reported on line 2(d) above          | e satisfy the requirements of section 170(h)(4 | 4)(B)(i)                              |
|     |  |  |                                       |
| 9   | In Part XIII, describe how the organization reports conservation     |  |                                       |
|     | balance sheet, and include, if applicable, the text of the footnot   | •  |                                       |
|     | organization's accounting for conservation easements.                | <del>g</del>                                   |                                       |
| Pa  | rt III Organizations Maintaining Collections                         | of Art, Historical Treasures, or C             | Other Similar Assets.                 |
|     | Complete if the organization answered "Yes"                          |  |                                       |
| 1a  | If the organization elected, as permitted under FASB ASC 958         |  | palance sheet works                   |
|     | of art, historical treasures, or other similar assets held for publi |  |                                       |
|     | service, provide, in Part XIII the text of the footnote to its finan |  | ·                                     |
| b   | If the organization elected, as permitted under FASB ASC 958         |  | nce sheet works of                    |
|     | art, historical treasures, or other similar assets held for public   |  |                                       |
|     | provide the following amounts relating to these items:               | ,  | •                                     |
|     | (i) Revenue included on Form 990, Part VIII, line 1                  |  | ▶ \$                                  |
|     | (ii) Assets included in Form 990, Part X                             |  |                                       |
| 2   | If the organization received or held works of art, historical trea   |  |                                       |
| -   | following amounts required to be reported under FASB ASC 9           | _  |                                       |
| а   | ·  |  | ▶ \$                                  |
| b   | Assets included in Form 990, Part X                                  |  | · · · · · · · · · · · · · · · · · · · |

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| 3         | Using the organization's acquisition, accession,                |                         |                    |                     |            |                      | <b>3010</b> (00 |            | uou, |
|-----------|---|-------------------------|--------------------|---------------------|------------|----------------------|-----------------|------------|------|
| 3         |   | and other records, c    | TIECK ATTY OF THE  | e following that i  | nake sign  | ilicani use oi iis   |                 |            |      |
|           | collection items (check all that apply):                        |                         |                    |                     |            |                      |                 |            |      |
| а         | Public exhibition   |                         |                    | oan or exchang      | e progran  | ns                   |                 |            |      |
| b         | Scholarly research  |                         | <b>e</b> ∐ (       | Other               |            |                      |                 |            | -    |
| С         | Preservation for future generations                             |                         |                    |                     |            |                      |                 |            |      |
| 4         | Provide a description of the organization's colle XIII.         | ections and explain ho  | ow they further    | the organizatio     | n's exemp  | t purpose in Part    |                 |            |      |
| 5         | During the year, did the organization solicit or re             | eceive donations of a   | rt, historical tre | easures, or othe    | similar    |                      |                 |            |      |
|           | assets to be sold to raise funds rather than to b               | e maintained as part    | of the organiz     | ation's collectio   | n?         |                      | ☐ Yes           | ; [        | No   |
| Pa        | rt IV Escrow and Custodial Arran                                | gements.                |                    |                     |            |                      |                 |            |      |
|           | Complete if the organization at 990, Part X, line 21.           | nswered "Yes" o         | n Form 990         | ), Part IV, lind    | e 9, or r  | eported an amo       | unt on F        | orm        | 1    |
| 1a        | Is the organization an agent, trustee, custodian                | or other intermediary   | for contributio    | ns or other asse    | ts not     |                      |                 |            |      |
|           | included on Form 990, Part X?                                   |                         |                    |                     |            |                      | . Yes           | , 🗌        | No   |
| b         | If "Yes," explain the arrangement in Part XIII ar               | nd complete the follow  | ving table:        |                     |            |                      |                 |            |      |
|           | Device the believe  |                         |                    |                     |            | Amo                  | unt             |            |      |
| С.        | Beginning balance   |                         |                    |                     |            |                      |                 |            |      |
| d         | 9 ,   |                         |                    |                     |            |                      |                 |            |      |
| е         | 0 ,   |                         |                    |                     |            |                      |                 |            |      |
| f         | Ending balance  |                         |                    |                     |            |                      |                 |            | ,    |
| 2a        | Did the organization include an amount on Forn                  |                         |                    |                     |            |                      |                 |            | No   |
| b_        | If "Yes," explain the arrangement in Part XIII. C               | heck here if the expl   | anation has be     | en provided on      | Part XIII  |                      | <u></u>         | <u>. L</u> |      |
| Pa        | rt V Endowment Funds.   |                         |                    |                     |            |                      |                 |            |      |
|           | Complete if the organization a                                  | nswered "Yes" o         | n Form 990         | ), Part IV, line    | e 10.      |                      |                 |            |      |
|           |   | (a) Current year        | (b) Prior year     | (c) Two ye          | ars back   | (d) Three years back | (e) Four        | years t    | oack |
| 1a        | Beginning of year balance                                       | 187,872                 | 100,0              | 00 10               | 0,000      | 100,000              |                 | 47,        | 047  |
| b         | Contributions   |                         | 73,8               | 53                  |            |                      |                 | 50,        | 000  |
| С         | Net investment earnings, gains, and                             |                         |                    |                     |            |                      |                 |            |      |
|           | losses  | 6,413                   | 14,0               | 19                  | 4,221      | 10,581               |                 | 2.         | 953  |
| d         | Grants or scholarships  | .,                      |                    |                     |            |                      |                 |            |      |
| e         | Other expenditures for facilities and                           |                         |                    |                     |            |                      | +               |            |      |
| ·         | programs  |                         |                    |                     | 4,221      | 10,581               |                 |            |      |
| f         | Administrative expenses   |                         |                    |                     | 7,221      | 10,381               | +               |            |      |
|           | End of year balance   | 194,285                 | 187,8              | 72 10               | 0 000      | 100 000              | -               | 00         | 000  |
| g<br>2    | -   |                         |                    |                     | 0,000      | 100,000              |                 | .00,       | 000  |
|           | Provide the estimated percentage of the current                 | -                       | rie 19, coluinii   | (a)) Held as.       |            |                      |                 |            |      |
| a         | Board designated or quasi-endowment ►  Permanent endowment ►  % | 100.00 %                |                    |                     |            |                      |                 |            |      |
| b         | <del></del>   |                         |                    |                     |            |                      |                 |            |      |
| С         | Term endowment ► %  |                         |                    |                     |            |                      |                 |            |      |
| _         | The percentages on lines 2a, 2b, and 2c should                  | •                       |                    |                     |            |                      |                 |            |      |
| 3a        | Are there endowment funds not in the possess                    | ion of the organization | on that are held   | l and administer    | ed for the |                      | Г               |            |      |
|           | organization by:  |                         |                    |                     |            |                      |                 | Yes        | No   |
|           | (i) Unrelated organizations                                     |                         |                    |                     |            |                      | 3a(i)           |            | х    |
|           | (ii) Related organizations                                      |                         |                    |                     |            |                      | 3a(ii)          |            | х    |
| b         | If "Yes" on line 3a(ii), are the related organization           | ons listed as required  | d on Schedule      | R?                  |            |                      | 3b              |            |      |
| 4         | Describe in Part XIII the intended uses of the o                | rganization's endowr    | ment funds.        |                     |            |                      |                 |            |      |
| Pa        | rt VI Land, Buildings, and Equipn                               | nent.                   |                    |                     |            |                      |                 |            |      |
|           | Complete if the organization a                                  | nswered "Yes" o         | n Form 990         | ), Part IV, line    | e 11a. S   | See Form 990, P      | art X, lir      | ne 10      | 0.   |
|           | Description of property   | (a) Cost or other       | basis (b)          | Cost or other basis | (c)        | Accumulated          | (d) Book        | value      |      |
|           |   | (investmen              | ' '                | (other)             | 1 '        | lepreciation         |                 |            |      |
| 1a        | Land  |                         |                    | 127,000             |            |                      | 1               | .27,       | 000  |
| b         | Buildings   |                         |                    | 1,021,418           |            | 347,585              |                 | 73,        |      |
| C         | Leasehold improvements  |                         |                    | _, , 0              | 1          | 227,000              |                 | ,          |      |
| d         | Equipment   |                         |                    | 10,058              |            | 10,058               |                 |            |      |
|           |   |                         |                    | 10,036              |            | 10,036               |                 |            |      |
| e<br>Tota | Other   |                         | Y column (D)       | line 10c \          |            |                      |                 |            | 833  |
| 1010      |   | aaari oiii 330, rait    | 7. OUIUIIIII (D).  |                     |            |                      | C               | u .        | ددں  |

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| rait vii         | Complete if the organization answered "Yes" on Fo                                      | rm 990, Part IV, lin       | ne 11b. See Form                      | 990, Part X, line 12.                                 |
|------------------|--|----------------------------|---------------------------------------|---|
|                  | (a) Description of security or category (including name of security)                   | (b) Book value             | ,                                     | c) Method of valuation:<br>r end-of-year market value |
| (1) Financial of | derivatives  |                            |                                       |   |
| (2) Closely-he   | eld equity interests   |                            |                                       |   |
| (3) Other        |  |                            |                                       |   |
| (A)              |  |                            |                                       |   |
| (B)              |  |                            |                                       |   |
| (C)              |  |                            |                                       |   |
| (D)              |  |                            |                                       |   |
| (E)              |  |                            |                                       |   |
| (F)              |  |                            |                                       |   |
| (G)              |  |                            |                                       |   |
| (H)              |  |                            |                                       |   |
|                  | n (h) must squal Form 000. Part V sol (P) line 12.)                                    |                            |                                       |   |
| Part VIII        | n (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related. |                            |                                       |   |
| Part VIII        |  | rm 000 Dart IV lin         | o 11a Coo Form                        | 000 Bort V line 12                                    |
|                  | Complete if the organization answered "Yes" on Fo                                      |                            | le 110. See Form                      | 1990, Part A, line 13.                                |
|                  | (a) Description of investment  | (b) Book value             | ,                                     | c) Method of valuation:<br>r end-of-year market value |
| (1)              |  |                            |                                       |   |
| (2)              |  |                            |                                       |   |
| (3)              |  |                            |                                       |   |
| (4)              |  |                            |                                       |   |
| (5)              |  |                            |                                       |   |
| (6)              |  |                            |                                       |   |
| (7)              |  |                            |                                       |   |
| (8)              |  |                            |                                       |   |
| (9)              |  |                            |                                       |   |
|                  | n (b) must equal Form 990, Part X, col. (B) line 13.)                                  |                            |                                       |   |
| Part IX          | Other Assets.  |                            |                                       |   |
|                  | Complete if the organization answered "Yes" on Fo                                      | rm 990. Part IV. lin       | e 11d. See Form                       | 990. Part X. line 15.                                 |
| -                | (a) Description  | ,                          |                                       | (b) Book value  |
| (1)              | (71  |                            |                                       | (1)   |
| (2)              |  |                            |                                       |   |
| (3)              |  |                            |                                       |   |
| (4)              |  |                            |                                       |   |
| (5)              |  |                            |                                       |   |
| (6)              |  |                            |                                       |   |
| (7)              |  |                            |                                       |   |
| (8)              |  |                            |                                       |   |
|                  |  |                            |                                       |   |
| (9)              | re (b) result assult Farms 2000. Part V. and (D) line 45.                              |                            |                                       |   |
| Part X           | n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.               |                            | · · · · · · · · · · · · · · · · · · · |   |
| Fall             |  | rm 000 Dart IV lin         | o 110 or 11f Co.                      | o Form 000 Bort V                                     |
|                  | Complete if the organization answered "Yes" on Fo                                      | rm 990, Part IV, IIn       | ie 11e or 11f. Se                     | e Form 990, Part X,                                   |
|                  | line 25.   |                            |                                       |   |
| 1.               | (a) Description of liability (b) Book  | value                      |                                       |   |
| (1) Federal i    | ncome taxes  |                            |                                       |   |
| (2)              |  |                            |                                       |   |
| (3)              |  |                            |                                       |   |
| (4)              |  |                            |                                       |   |
| (5)              |  |                            |                                       |   |
| (6)              |  |                            |                                       |   |
| (7)              |  |                            |                                       |   |
| (8)              |  |                            |                                       |   |
| (9)              |  |                            |                                       |   |
|                  | (b) must equal Form 990, Part X, col. (B) line 25.) . ▶                                |                            |                                       |   |
|                  | uncertain tax positions. In Part XIII, provide the text of the footnote t              | to the organization's fine | ancial statements that                | reports the   |
|                  | liability for uncertain tax positions under FASB ASC 740. Check her                    |                            |                                       | _   |

| Pa           | rt XI Reconciliation of Revenue per Audited Financial Stater   |         | -                           | r Retu  | urn.      |
|--------------|--|---------|-----------------------------|---------|-----------|
|              | Complete if the organization answered "Yes" on Form 990,   |         |                             |         |           |
| 1            | Total revenue, gains, and other support per audited financial statements $\dots \dots$   |         |                             | 1       | 1,590,007 |
| 2            | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |         |                             |         |           |
| а            | Net unrealized gains (losses) on investments   | 2a      | (4,791)                     |         |           |
| b            | Donated services and use of facilities   | 2b      | 214,078                     |         |           |
| С            | Recoveries of prior year grants  | 2c      |                             |         |           |
| d            | Other (Describe in Part XIII.)   | 2d      |                             |         |           |
| е            | Add lines 2a through 2d  |         |                             | 2e      | 209,287   |
| 3            | Subtract line 2e from line 1   |         |                             | 3       | 1,380,720 |
| 4            | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |         |                             |         |           |
| а            | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a      |                             |         |           |
| b            | Other (Describe in Part XIII.)   | 4b      |                             |         |           |
| С            | Add lines 4a and 4b  |         |                             | 4c      |           |
| 5            | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |         |                             | 5       | 1,380,720 |
| Pa           | rt XII Reconciliation of Expenses per Audited Financial Stat   |         |                             | per R   | Return.   |
|              | Complete if the organization answered "Yes" on Form 990  |         |                             |         |           |
| 1            | Total expenses and losses per audited financial statements   |         |                             | 1       | 1,433,145 |
| 2            | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |         | 1                           |         |           |
| а            | Donated services and use of facilities   | 2a      | 214,078                     |         |           |
| b            | Prior year adjustments   | 2b      |                             |         |           |
| C            | Other losses   | 2c      |                             |         |           |
| d            | Other (Describe in Part XIII.)   | 2d      |                             |         |           |
| е            | Add lines 2a through 2d  |         |                             | 2e      | 214,078   |
| 3            | Subtract line 2e from line 1   |         |                             | 3       | 1,219,067 |
| 4            | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |         |                             |         |           |
| а            | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a      |                             |         |           |
| b            | Other (Describe in Part XIII.)   | 4b      |                             |         |           |
|              |  |         |                             | 1 1     |           |
| C            | Add lines 4a and 4b  |         |                             | 4c      |           |
| с<br>5       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  |         |                             | 4c<br>5 | 1,219,067 |
| c<br>5<br>Pa | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.  |         |                             | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.  | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |
| <b>5</b> Pa  | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>rt XIII</b> Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1 | o and 2b; Part V, line 4; F | 5       |           |

EEA Schedule D (Form 990) 2019

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

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

The Children's Room: Center for Grieving Children 04-3316013 01. Form 990 governing body review (Part VI, line 11) The 990 was reviewed and discussed in detail by the Board chairs, the Treasurer, the Executive Director, and other members of the finance committee. The entire Board received the 990 for review prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) An annual disclosure document is completed by each of the board members. 03. CEO, executive director, top management comp (Part VI, line 15a) The executive director compensation is reviewed and approved each year by the full Board, after a review of comparability data. 04. Other officer or key employee compensation (Part VI, line 15b Other staff salaries are compared to survey data of other non-profits of similar size by both the Executive Director and select Board member(s). 05. Governing documents, etc, available to public (Part VI, line 19) The Organization makes its governing documents and financial statements available to the public upon request.

# **Statement of Program Service Accomplishments**

2019

PG01

Name(s) as shown on return

The Children's Room: Center for Grieving Children

Your Social Security Number 04-3316013

Form 990-Part III(a)
Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses

\$666517

Grants and allocations included in above expense

\$0

Program Services Revenue

\$2625

#### Explanation

The Children's Room's mission is to create safe, supportive communities so that no child, teen or family has to grieve alone. Services include free, peer-based grief support groups for families with children and teens aged 3½-18, offered at our Arlington center, as well as in schools and community centers. We also offer programs exclusively designed to meet the unique needs of grieving teens; educational series for grieving parents and caregivers; monthly arts-based family nights; professional training; a robust referral warmline; and private consultations. All of our programming is offered free of charge to grieving families who have experienced the death of a parent or child, knowing that a death is often coupled with financial hardship. We serve youth and families throughout eastern Massachusetts, representing 62 cities and towns. During COVID, when programming has been offered virtually, our reach has expanded to other states where child bereavement programming is not available. Served 110 families (121 adults and 176 children/teens) in Peer Support groups; Our Teen Program, which includes monthly social outings and art-based workshops, had a total program attendance last year of 49 teens, with 20 teens attending one or more events; Family Night served approximately 40 families; Let Parenting While Grieving, an 8-week psych-educational didactic support group for spouse/partner loss, worked with approximately 25 adults. In addition, we held individual consultations with 11 parents before and shortly after a death; we provided academic internships for four graduate-level students during the fiscal year 2020.

# 990 Overflow Statement Page 1 Name(s) as shown on return The Children's Room: Center for Grieving Children 04-3316013

# All other exp - program

| Description              |           | Amount |
|--------------------------|-----------|--------|
| Dues & memberships       | \$        | 885    |
| Professional development |           | 4,128  |
|                          | Total: \$ | 5,013  |

# All other exp - Mgmt Gen'l

| Description          |            | Amount |
|----------------------|------------|--------|
| Dues & membeships    | <u> </u>   | 1,414  |
| Misc                 |            | 2,323  |
| Professional develop |            | 251    |
| =                    | Total: \$_ | 3,988  |

# All other exp - Develop

| Description          |           | <u>Amount</u> |
|----------------------|-----------|---------------|
| Misc                 | \$        | 666           |
| Professional develop |           | 1,189         |
| _                    | Total: \$ | 1,855         |