Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form 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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Open to Public Inspection

A	For the	zui y calenda	r year, or tax year beginning , 2	2019, and ending	,	, 20	
В	Check if ap	plicable:	C Name of organization		D Emplo	yer identificati	on number
	Address ch	change NICHOLTOWN CHILD AND FAMILY COLLABORATIVE			81-	-2851313	
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one number	
	Initial return	n					
	Final return	/terminated	PO BOX 16741		(86	54)214-184	0
	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	
	Application	pending	GREENVILLE, SC 29606		Numbe	er 🕨	
G	Accounti	ng Method:	☐ Cash X Accrual Other (specify) ►	H	Check ►	if the orga	nization is not
ı	Website	: NICH	OLTOWNCHILDANDFAMILY.ORG			attach Schedu	
J	Tax-exe	mpt status (check only one) - X 501(c)(3)	947(a)(1) or 527	(Form 990,	990-EZ, or 990	D-PF).
			X Corporation Trust Association	Other	,		
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200	,000 or more, or if tota	l assets		
						. ▶ \$	23,338
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund	Balances (see th	ne instructio	ns for Part I)	
			he organization used Schedule O to respond to any quest	·		•	x
	1		s, gifts, grants, and similar amounts received			1	23,255
	2		vice revenue including government fees and contracts			2	
	3	•	dues and assessments			3	
	4		ncome			4	83
	1		nt from sale of assets other than inventory	1 1			
			other basis and sales expenses			-	
			s) from sale of assets other than inventory (Subtract line 5b from line)			5c	
	6			30			
		•	fundraising events: e from gaming (attach Schedule G if greater than				
ø	a			60			
Revenue	_					-	
ě	D		e from fundraising events (not including \$	of contributions			
Œ			sing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000)			-	
	1		expenses from gaming and fundraising events	-		-	
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b				
		•		1 1		6d	
			of inventory, less returns and allowances			-	
	1		goods sold			-	
		•	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	_
	8		ue (describe in Schedule O)			8	
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	23,338
	10		imilar amounts paid (list in Schedule O)			10	9,302
	11		I to or for members			11	
Ś	12		er compensation, and employee benefits			12	54,944
Expenses	13		fees and other payments to independent contractors			13	13,574
g	14		rent, utilities, and maintenance			14	994
ũ	15	Printing, pub	lications, postage, and shipping			15	4,494
	16		ses (describe in Schedule O)			16	15,289
	17		ses. Add lines 10 through 16			17	98,597
	18		eficit) for the year (Subtract line 17 from line 9)			18	(75,259)
Net Assets	19	Net assets of	r fund balances at beginning of year (from line 27, column (A)) (mo	ust agree with			
Ass		end-of-year	igure reported on prior year's return)			19	198,503
<u>e</u>	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20	
Z	21	Net assets of	r fund balances at end of year. Combine lines 18 through 20		>	21	123,244

Form 990-EZ (2019) NICHOLTOWN CHILD AND	FAMILY COLLAB	ORATIVE	81-2	851	.313 Page 2
Part II Balance Sheets (see the instructions for Pa	•				
Check if the organization used Schedule O t	o respond to any qu	estion in this Part II			<u>x</u>
		<u>⊢`</u>	A) Beginning of year		(B) End of year
22 Cash, savings, and investments			6,917	22	86,195
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			191,893	24	40,090
25 Total assets		_	198,810	25	126,285
26 Total liabilities (describe in Schedule O)		_	307	26	3,041
27 Net assets or fund balances (line 27 of column (B) must			198,503	27	123,244
Part III Statement of Program Service Accomplis	•		•		Expenses
Check if the organization used Schedule O			<u> </u>	(Re	quired for section
What is the organization's primary exempt purpose? CHILD P	ND FAMILY SERV	ICES		501	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	or each of its three large	est program services,		orga	anizations; optional for
as measured by expenses. In a clear and concise manner, descr		ed, the number of		othe	ers.)
persons benefited, and other relevant information for each progra	im title.				
28 PARENT CAFE (SEE SCH O)					
(O) 1 (A) 1			. \Box		
·	unt includes foreign gra		▶ □	28a	24,202
29 CHILD AND FAMILY EDUCATIONAL PROGRAMS:	SEE SCHEDULE ()			
(Coranto C		nte abasi bana		20-	12.000
	unt includes foreign gra	ints, check here	▶ ⊔	29a	13,098
30 COMMUNITY EVENTS (SEE SCH O)					
-					
(Grants \$) If this amo	unt includes foreign are	inte chack hara		30a	2 227
31 Other program services (describe in Schedule O)	unt includes foreign gra			Sua	3,337
	unt includes foreign gra			31a	
32 Total program service expenses (add lines 28a through 3				32	+
Part IV List of Officers, Directors, Trustees, and Key					
Check if the organization used Schedule O to resp	• • •				· _
	, , , , , , , , , , , , , , , , , , ,	(c) Reportable	(d) Health benefits,		
(a) Name and title	(b) Average hours per week	compensation	contributions to employe	е	(e) Estimated amount of
(a) Hamo and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
CHANDRA DILLARD		(II not paid, enter -0-)	deletted compensation		
CHAIR	2.00	0	o		0
KRISTY WAY BUCHANAN					
VICE-CHAIR	2.00	0	0		0
JOKEITHA SEABROOK					
TREASURER	2.00	0	0		0
ANNA KATE BROWN					
SECRETARY	2.00	0	0		0
JAMES MOON					
BOARD MEMBER	1.00	0	0		0
GLENDA MORRISON-FAIR					
BOARD MEMBER	1.00	0	0		0
SHANNON HANSEN					
BOARD MEMBER	1.00	0	0		0
ANNE MARIE MAERTENS					
BOARD MEMBER	1.00	0	0		0
TOMMY BLACKMON					
BOARD MEMBER	1.00	0	o		0
JUDY OUTLAW	2.00				
ASSOCIATE DIRECTOR	35.00	42,000	0		0
	22.00	12,000			

45b

х

Form 990-EZ. See instructions

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	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	313	<u>'</u>	age .
ı u	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			П
	monaction for trait v.) chock in the organization according to the respond to any question in the trait v	•••	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		1.00	
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			Λ
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		х
85 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	-		
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		x
1 1	List the states with which a copy of this return is filed ▶ SC			
12 a	The organization's books are in care of ▶ JMV MANAGEMENT SERVICES LLC Telephone no. ▶ 864-	363-7	921	
	Located at ► 204 E. PARK AVE. SUITE 1003, GREENVILLE, SC ZIP+4 ► 29603	1-1668	8	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the tax year			1
			Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			

44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a **b** 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," Form 990 and Schedule R may need to be completed instead of

Form **990-EZ** (2019) EEA

81-2851313

46 Did the organization regage, directly, in political campaign activities on behalf of or in opposition to candidates for public office? "I'ves" complete Schedule C. Part I Section 501(c)(3) organizations Only											Yes	No
Part VI Section 501(c)(3) organizations Only All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51, Check if the organization used Schedule O to respond to any question in this Part VI	46	Did the	organization engage, directly or indirectly, ir	n political campaign activi	ties on beha	lf of or in opp	osition					
All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Different and the organization as action 32 organization as action 32 organization as action 32 organization as a section 501(h) election in effect during the tax year? If Yes, 1 complete Schedule C, Part II 147		to candi	dates for public office? If "Yes," complete S	Schedule C, Part I						46		Х
So and 51. Check if the organization used Schedule O to respond to any question in this Part VI 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 The organization achoule as described in section 170(h)(1/k)(s))? If "Yes," complete Schedule E. 48 Is the organization achoule as described in section 170(h)(1/k)(s)? If "Yes," complete Schedule E. 48 Is the organization achoule as described in section 170(h)(1/k)(s)? If "Yes," complete Schedule E. 48 Is the organization achoule as described in section 170(h)(1/k)(s)? If "Yes," complete Schedule E. 48 Is the organization achoule as described in section 170(h)(1/k)(s)? If "Yes," complete Schedule E. 48 Is the organization achoule as section 527 organization? 50 Complete the table for the organization for the interpretation organization. If there is none, enter "None." (a) Name and state of each employee and over \$100,000 of compensation from the organization. If there is none, enter "None." (b) Hame and state of each employee spaid over \$100,000 of compensation from the organization. If there is none, enter "None." (c) Hame and the table for the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is then it is once, enter "None." (b) Name and believes actives of each independent contractors each receiving over \$100,000. 4 Total number of other independent contractors each receiving over \$100,000. 5 Described the organization omplete Schedule A? Note: All section \$510,000 of compensation from the organization in the primary i	Par	t VI	Section 501(c)(3) Organizations	Only								
Check if the organization used Schedule O to respond to any question in this Part VI Ves No Ves Ves No Ves Ves No Ves Ves No Ves Ves Ves No Ves			All section 501(c)(3) organizations	must answer questi	ons 47 - 4	9b and 52	2, and cor	nplete the	table	s for	lines	
Ves.		į	50 and 51.	•								
Ves.		(Check if the organization used Sch	edule O to respond	to any qu	estion in t	his Part \	/I				. П
d Total number of other employees paid over \$100,000			<u> </u>									No
year? If "Yes," complete Schedule C, Part II 48 is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes" complete Schedule E	47	Did the	organization engage in Johhving activities o	r have a section 501(h) e	lection in eff	ect during the	e tay					
the organization as described in section 170(h)(1/k)(n)? If "Yes," complete Schedule E	•			` '		ū				47		v
49a Did the organization make any transfers to an exempt non-charitable related organization?	40	-	•									
b If "Yes," was the related organization a section \$27 organization?										_		
Complete this table for the organizations five highest correpresated employees (other than officers, directors, trustees and key amployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'			,	•	0							X
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and title of each engloyee (b) Average horse per reek devoted to position (c) Repentable compensation (c) Repentable (c) Repentable (compensation (d) Health browth, the benefit plane, and defined a compensation of other compensation (e) Estimated amount of other employees paid over \$100,000			ŭ	· ·					• •	49b		
(b) Average (concept per average companies (de) Health bronditis. (de) Estimated amount of other compensation. (de) Estimated amount of other compensation. (e) Estimated amount of other compensation. (e) Estimated amount of other compensation. (e) Competent that the destination of the periadic ordinary of the compensation. (e) Total number of other employees paid over \$100,000	50	•	ŭ		•	•	•	•				
(a) Name and title of each employee Composition of Composition		employe	ees) who each received more than \$100,000	of compensation from th	e organizatio	on. If there is	none, ente	r "None."	ı			
Total number of other employees paid over \$100,000				(b) Average	(c) Re	portable			(-) [d	
d Total number of other employees paid over \$100,000 ▶ 1 Total number of other employees paid over \$100,000 ▶ 1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractors (b) Type of service (c) Compensation NONE 1 Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A' Note: All section 501(c)(3) organizations must attach a complete Schedule A complete Schedule A			(a) Name and title of each employee		1 '	•						
f Total number of other employees paid over \$100,000				devoted to position	(Forms W-2	/1099-MISC)			,	74.101 OO1	por.out	
f Total number of other employees paid over \$100,000												
f Total number of other employees paid over \$100,000	NON	E										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000	11011	_										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000												
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000												
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000												
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\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	f	Total nu	mber of other employees paid over \$100,00	00 ▶								
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a complete. Sign Indicate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign JUDY OUTLAW Signature of officer JUDY OUTLAW, ASSOCIATE DIRECTOR Type or print name and tile PrintType preparer's name Preparer's signature Date Check If PTIN self-employed p01979120 Firm's name ➤ WINTERS SMITH ASSOCIATES LLC Firm's address ➤ 14 WAITE STREET GREENVILLE SC 29607 Phone no. 864-243-8922	51	Complet	te this table for the organization's five highes	t compensated independe	ent contracto	rs who each	received m	ore than				
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a complete. Sign Indicate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign JUDY OUTLAW Signature of officer JUDY OUTLAW, ASSOCIATE DIRECTOR Type or print name and tile PrintType preparer's name Preparer's signature Date Check If PTIN self-employed p01979120 Firm's name ➤ WINTERS SMITH ASSOCIATES LLC Firm's address ➤ 14 WAITE STREET GREENVILLE SC 29607 Phone no. 864-243-8922		\$100.00	00 of compensation from the organization. If	there is none, enter "Non	ie."							
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				·								
d Total number of other independent contractors each receiving over \$100,000		(a)	Name and business address of each independent contra	ctor	(b)	Type of service	9	(6	c) Comp	ensation	n	
d Total number of other independent contractors each receiving over \$100,000												
d Total number of other independent contractors each receiving over \$100,000	NON	D										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	INOIN.	<u> </u>										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	d	Total nu	ımber of other independent contractors each	receiving over \$100,000)	>		1				
Completed Schedule A			•	•		-						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign			10111	(/ (/)					x	Yes	П	Nο
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here JUDY OUTLAW Signature of officer Date JUDY OUTLAW, ASSOCIATE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed P01979120 Preparer Use Only Firm's name WINTERS SMITH ASSOCIATES LLC Firm's address 14 WAITE STREET GREENVILLE SC 29607 Phone no. 864-243-8922	Lindo											
Sign Here JUDY OUTLAW, ASSOCIATE DIRECTOR Type or print name and title Print/Type preparer's name Preparer THOMAS SHEAFFER Preparer Firm's name WINTERS SMITH ASSOCIATES LLC Firm's address Proper Firm's address		•						•	uye an	u bellel	, 11 15	
Sign Here	uue, 0	Jonect, an		inicer) is based on all informa	auon oi which	preparer has a	iny knowledgi	ᠸ.				
Here JUDY OUTLAW, ASSOCIATE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Date Check ☐ if Self-employed P01979120 Preparer Firm's name ▶ WINTERS SMITH ASSOCIATES LLC Firm's address ▶ 14 WAITE STREET GREENVILLE SC 29607 Phone no. 864-243-8922	0:		-				Data					
Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Date Check if PTIN self-employed p01979120 Preparer Firm's name ▶ WINTERS SMITH ASSOCIATES LLC Firm's address ▶ 14 WAITE STREET GREENVILLE SC 29607 Phone no. 864-243-8922	_						Date					
Print/Type preparer's name	Her	е		RECTOR								
Paid THOMAS SHEAFFER Firm's name Firm's address Firm's ad			, ,									
Preparer Use Only Firm's name			Print/Type preparer's name	Preparer's signature		Date		Check if	PTIN	١		
Use Only Firm's address 14 WAITE STREET GREENVILLE SC 29607 Phone no. 864-243-8922	Paid	d	THOMAS SHEAFFER					self-employed	P01	.9791	.20	
Use Only Firm's address 14 WAITE STREET GREENVILLE SC 29607 Phone no. 864-243-8922	Pre	parer	Firm's name WINTERS SMITH AS	SSOCIATES LLC			Firm's	EIN ▶				
GREENVILLE SC 29607 Phone no. 864-243-8922		•										
		,		9607			Phone	no. 864-	243-	8922		
	Mav	the IRS)				No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2019 Open to Public

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions

Name of the organization

Inspection

Employer identification number

OMB No. 1545-0047

NICHOLTOWN CHILD AND FAMILY COLLABORATIVE 81-2851313 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

81-2851313 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		10,000	198,500	86,500	23,255	318,255
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						
	Total. Add lines 1 through 3		10,000	198,500	86,500	23,255	318,255
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						23,635
	Public support. Subtract line 5 from line 4						294,620
-	ction B. Total Support			1		1	
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	<u> </u>	10,000	198,500	86,500	23,255	318,255
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						318,255
	Gross receipts from related activities, etc. (s		,	. .		12	
13	First five years. If the Form 990 is for the or	rganization's fi	irst, second, thir	d, fourth, or fift	h tax year as a	a section 501(c))(3)
	organization, check this box and stop here						▶ <u>x</u>
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 6, c					14	%
	Public support percentage from 2018 Sched					15	%
16a	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualified						
k	33 1/3% support test - 2018. If the organize						
	this box and stop here. The organization qu	-		-			
17a	10%-facts-and-circumstances test - 2019.	_					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact			-	-		_
	organization						
k	10%-facts-and-circumstances test - 2018.	. If the organiz	ation did not che	eck a box on lir	ne 13, 16a, 16	b, or 17a, and I	ine
	15 is 10% or more, and if the organization m	eets the "facts	s-and-circumsta	nces" test, che	ck this box an	d stop here.	
	Explain in Part VI how the organization mee	ts the "facts-ar	nd-circumstance	es" test. The or	ganization qua	alifies as a publ	icly
	supported organization						▶ □
18	Private foundation. If the organization did r	not check a bo	x on line 13, 16	a, 16b, 17a, or	17b, check thi	is box and see	
	instructions						▶ □

81-2851313

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.)

Sed	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not 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						
6	Total. 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			T			
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	∟ rganization's fi	rst second thi	rd fourth or fit	⊥ fth tax vear as a	section 501(c)(3)
•	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						<u> </u>
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched					16	<u>%</u>
	ction D. Computation of Investment In					1 1	70
	Investment income percentage for 2019 (line			ine 13. columr	n (f))	17	%
	Investment income percentage from 2018 Se		• •			18	——————————————————————————————————————
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-	•		

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Part IV Supportin

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
1		
2		
3a		
3b		
3с		
4a		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
10b		

	ule A (Form 990 or 990-EZ) 2019 NICHOLTOWN CHILD AND FAMILY COLLABORATIVE 81-2851313	<u> </u>	Р	age \$
Pai	rt IV Supporting Organizations (continued)		Vaa	N.
44	Lies the expenientian accepted a gift or contribution from any of the following narround?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
L		11b		
	A family member of a person described in (a) above? A 25% controlled entity of a person described in (a) or (b) above? If "You" to a bore a provide detail in Part VI	11c		
	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. tion B. Type I Supporting Organizations	1110		
JCC	tion b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	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	1		
_	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		
Sac	tion C. Type II Supporting Organizations			
<i>5</i> 00	tion of Type it oupporting 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		
Sec	tion D. All Type III Supporting Organizations			
	,, , , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ารtruc	tions)	
a				
b				
С		(see ir		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI the role played by the organization in this regard.*

3a

NICHOLTOWN CHILD AND FAMILY COLLABORATIVE Schedule A (Form 990 or 990-EZ) 2019 81-2851313 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8

6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
emer	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	teg	rated Type III supporting or	ganization (see
	instructions).			

1

2

3

4 5

EEA

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Enter 85% of line 1.

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Current Year

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continuous)	nued)
I all V		iucui

		/ - - - - - - - -		
Sec	etion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	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	Total annual distributions. 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	T		
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable 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			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e Applied to underdistributions of prior years			
	Applied to underdistributions of prior years Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
÷	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			
	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			
	Excess from 2017			
d	Excess from 2018			
_	Execution 2010			

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

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

2019

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

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

Name of the organization NICHOLTOWN CHILD AND FAMILY COLLABORATIVE Employer identification number

OMB No. 1545-0047

81-2851313

Filers of:	s	ection:
Form 990 o	r 990-EZ <u>X</u>	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
	_	
	L	527 political organization
Form 990-P	F [501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
•	_	d by the General Rule or a Special Rule.
Note: Only instructions.	a section 501(c)(7), (8), (or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Ru	le	
X Fo	r on organization filing Ed	orm 000, 000 E7, or 000 PE that received during the year contributions totaling \$5,000
or	•	orm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 erty) from any one contributor. Complete Parts I and II. See instructions for determining a ons.
Special Rul	es	
F	For an organization descr	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the
1	egulations under section	s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
		received from any one contributor, during the year, total contributions of the greater of (1)
(\$5,000; or (2) 2% of the a	amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	For an organization descr	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	<u> </u>	ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
I	iterary, or educational pu	rposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
П	For an organization descr	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
		ear, contributions exclusively for religious, charitable, etc., purposes, but no such
(contributions totaled more	e than \$1,000. If this box is checked, enter here the total contributions that were received
		clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
		this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions
τ	otaling \$5,000 or more di	uring the year
	=	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,
990-F7 or	990-PF) but it must and	swer "No" on Part IV line 2 of its Form 990: or check the box on line H of its Form 990-F7 or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NICHOLTOWN CHILD AND FAMILY COLLABORATIVE

Employer identification number

81-2851313

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROTARY CHARITIES 728 NORTH PLEASANTBURG DRIVE GREENVILLE, SC 29607	\$\$	Person x Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

NICHOLTOWN CHILD AND FAMILY COLLABORATIVE 81-2851313 01. General explanation attachment PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: LINE ~28: PARENT CAFE \$24,202 PROVIDED DINNER, PROGRAM AND CHILDCARE TWICE A MONTH FROM SEPTEMBER TO MAY, FOR AN AVERAGE OF 12 ADULTS AND 25 CHILDREN. EXPENSES WERE FOR (A) FOOD; (B) INCENTIVES FOR ATTENDANCE; E.G. GIFT CARDS FOR GROCERIES; (C) ACTIVITIES FOR CHILDREN, INCLUDING MATERIALS FOR DIFFERENT TOPICS; (D) CHILD CARE PROVIDERS; (E) MATERIALS FOR PARENTS, E.G. JOURNALS; (F) FUNDS TO OPEN SAVINGS ACCOUNTS AT A LOCAL NON-PROFIT CREDIT UNION; AND (G) ALLOCATED SALARIES AND RELATED EXPENSES FOR PROGRAM MANAGEMENT. ACCOMPLISHMENTS INCLUDED HOSTING A SIX-WEEK MAKING A DIFFERENCE FINANCIAL LITERACY PROGRAM FOR PARENTS AND OPENING SAVINGS ACCOUNTS FOR PARTICIPANTS AT THE CREDIT UNION. PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: (CONT'D) CHILD AND FAMILY EDUCATIONAL PROGRAMS \$13,098 EXPENSES OF \$7,000 SPENT TO SUPPORT THE WORKING ON KNOWLEDGE AND EDUCATION PROGRAM (WOKE) HELD AT STERLING SCHOOL IN NICHOLTOWN. THIS IS A FREE AFTER SCHOOL PROGRAM THAT SERVES CHILDREN WITH ACADEMIC, SOCIAL AND BEHAVIOR ISSUES, WITH THE MAJORITY COMING FROM OTHER EXPENSES WERE INCURRED TO FUND SCHOLARSHIPS FOR 37 STUDENTS TO ATTEND EDUCATIONAL FIELD TRIPS AND ACTIVITIES AND FOR ALLOCATED SALARIES AND RELATED EXPENSES FOR PROGRAM MANAGEMENT LINE -30: COMMUNITY EVENTS \$3,337 AN EASTER EGG HUNT AND DINNER WAS ATTENDED BY 50 PEOPLE. A HALLOWEEN COSTUME GIVE-AWAY

Schedule O (Form 990 or 990-EZ) (2019)
Page 2

Name of the organization		Employer identification number
NICHOLTOWN CHILD AND FAMILY COLLAR	BORATIVE	81-2851313
WAS ATTENDED BY OVER 200 PEOPLE.	EXPENSES INCLUDE FOOD AND SUPPLIES AND	ALLOCATED
SALARIES AND RELATED EXPENSES FOR	PROGRAM MANAGEMENT.	
PRIMARY TAX EXEMPT PURPOSE:		
THE MISSION OF NICHOLTOWN CHILD A	ND FAMILY COLLABORATIVE IS:	
TO IMPROVE CHILD, PARENT, AND COM	MUNITY OUTCOMES THROUGH EDUCATION, EMPLOY	YMENT, AND HEALTH
BY CREATING A SUSTAINABLE INFRAST	RUCTURE FOR SUCCESS.	
00 7int of much and similar on		
	ounts paid (Part I, line 10)	
ACTIVITY	WOKE PROGRAM	
AMOUNT	7,000	
ACTIVITY	OTHER EDUCATIONAL	
AMOUNT	1,952	
ACTIVITY	SAVINGS ACCOUNT	
AMOUNT	350	
03. Description of other expenses	(Part I, line 16)	
DESCRIPTION	AMOUNT	
PROGRAMS: SUPPLIES, COPIES, FOOD	6,120	
TECHNOLOGY AND WEBSITE	3,467	
INSURANCE	1,229	
SUPPLIES	1,713	
MEETINGS, MEALS, TRAVEL, CONF.	2,113	
DUES, SUBSCRIPTIONS, AND FEES	647	
	51 7	

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number NICHOLTOWN CHILD AND FAMILY COLLABORATIVE 81-2851313 04. Description of other assets (Part II, line 24) BEGINNING OF YEAR END OF YEAR CATEGORY FUNDS HELD IN TRUST WITH UWAY 0 152,306 COMMUNITY FOUNDATION CAPITAL R 39,587 39,485 ACCOUNTS RECEIVABLE 0 605 05. Description of total liabilities (Part II, line 26) CATEGORY BEGINNING OF YEAR END OF YEAR 1,047 ACCOUNTS PAYABLE 307 ACCRUED EXPENSES 0 1,994

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors								
Worksheet	(Keep for your records)						2019	2019	
Name(s) as shown on return	•						Tax ID Number		
NICHOLTOWN CHILD	AND FAMILY COLLABORATI	IVE					81-285131	3	
								6 365	
2% of the amount on Schedu	le A, Part II, line 11, column (f)							6,365	
2% of the amount on Schedu		(a)	(b)	(c)	(d)	(e)	(f)	6,365 (g)	
2% of the amount on Schedu	(
	((a)	(b)	(c)	(d)	(e)	(f)	(g)	
	((a)	(b)	(c)	(d)	(e)	(f)	(g) Excess contributions	

<u>23,</u>635

TOTAL