EXTENDED TO NOVEMBER 15, 2019

Department of the Treasury Internal Revenue Service

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

2018

► Do not enter social security numbers on this form as it may be made publicity

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

Open to Public Inspection

OMB No 1545-0047

Α	For th	e 2018 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization	·	D Employer identif	ication number
	Addre	e STEPHENS PLACE			
	Name chang	e Doing business as		23-2	720629
	Initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	er
	Final return	729 RIDGE STREET		610	861-7677
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	269,919.	
	Amen	BETHLEHEM, PA 18015	H(a) Is this a group r	eturn	
	Application	Finame and address of principal officer SISIER VIRGINIA LO	NGCOP	E for subordinate:	s? Yes X No
	pendi	⁷⁹ 729 RIDGE STREET, BETHLEHEM, PA 18015	ム 出(り) Are all subordinates i	ncluded? Yes No	
1	Tax∙ex	empt status X 501(c)(3)	or 52	り が "No," attach a	list (see instructions)
		te: > WWW.STEPHENS-PLACE.COM		H(c) Group exemption	on number 🕨
		organization X Corporation Trust Association Other ▶	L Yea	r of formation 1993 i	vi State of legal domicile PA
P	art I	Summary	·		
a	1	Briefly describe the organization's mission or most significant activities TO Pl	ROVID	E A TRANSITI	ONAL LIVING
Activities & Governance		ENVIRONMENT FOR ADULT MALES RECENTLY RELI	EASED	FROM PRISON	
Ë	2	Check this box If the organization discontinued its operations or dispos	sed-of-me	nethan 25% of its net a	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
න	4	Number of independent voting members of the governing body (Part VI, line 1997) Total number of individuals employed in calendar year 2018 (Part V, line 2a)	(1841)	Ø 4	0
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	NOV	2 1 2019 0 4	3
Ϋ́	6	Total number of volunteers (estimate if necessary)		<u>6</u>	15
ţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	OGE	DEN, UT 7a	0.
	b	Net unrelated business taxable income from Form 990 T, line 38		7b	0.
			L	Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	_	165,803.	250,366.
Revenue	9	Program service revenue (Part VIII, line 2g)		11,480.	16,220.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,809.	3,333.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		179,092.	269,919.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1 3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)		0.	57,560.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	95,548.
	18	Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	<u> </u>	0,	153,108.
	· · · · ·	Revenue less expenses Subtract line 18 from line 12		179,092.	116,811.
Net Assets or			В	eginning of Current Year	End of Year
SSet	20	Total assets (Part X, line 16)		<u>358,516.</u>	474,483.
₹- 500	21	Total liabilities (Part X, line 26)	ļ	4,318.	3,474.
		Net assets or fund balances Subtract line 21 from line 20		354,198.	471,009.
Ь	art II	Signature Block			··
		lties of perjury, I declare that I have examined this return, including accompanying schedule:			ly knowledge and belief, it is
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge	
		Signature of officer Lagrange Language		Doto /	25/19
Sıg				Date /	
He	re	SISTER VIRGINIA LONGCOPE, EXECUTIVE DE Type or print name and title	IRECT	OR	
		· · · · · · · · · · · · · · · · · · ·	 1	Doto John F	OTIN
n -		Print/Type preparer's name Preparer's signature		Date Check [PTIN
Pai		BEVERLY A RIEGEL Dursh Kuga		//////////////////////////////////////	
	parer	Firm's name BERG, SCHULTZ AND GREEN CPAS		Firm's EIN	23-1261464
use	Only	Firm's address 1514 HANOVER AVENUE			0 422 5445
_		ALLENTOWN, PA 18109-2398		Phone no 6 1	0-433-5145
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
					E [313] (0040)

orn	n 990 (2018) STEPHENS PLACE	23-272	0629	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission OPERATION OF A RESIDENTIAL HALFWAY HOUSE FOR A MAXIMUM MALES RECENTLY RELEASED FROM PRISON. SUPERVISE THEIR TF			
	LIVING BACK INTO SOCIETY.			
2	Did the organization undertake any significant program services during the year which were not listed on the		Yes	<u>ড</u> ী,,
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		Yes	LAJ NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	Yes	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, a	e massured by	evnenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported			nd
4a		nue \$	-)
			············	
4b	(Code) (Expenses \$) (Reve	nue \$)
			•	
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
				
				
4d	Other program services (Describe in Schedule O)	46 ===		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 153,108.	19,553	•)	

Form **990** (2018)

23-2720629 Form 990 (2018) STEPHENS PLACE Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII X 12a 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 X 12b X 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 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 foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18

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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

19

20a

20b

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Did the organization answer "Yes" to Parl VII, Section A, Ine S. 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 I, If "No," or line 25a 24a 2 the directors are severed bond is severed by the service of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No," to line 25a 24b 24b 100 and complete Schedule K. If "No," to line 25a 24b 24b 100 and complete Schedule K. If "No," to line 25a 24b 24b 24b 25b 24b 25b 25b 25b 25b 25b 25b 25b 25b 25b 25		•		Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Inc 9. 4, or 5 about compensation of the organization's current and former officers, directors, inustees, key employees, and highest compensated employees? If "Yes," complete Schedule V 24a Did the organization have a tax-evempt bond size 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." you to line 25a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-evempt bonds? d Did the organization amaintain an escrow account other than a refunding secrow at any time during the year? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? "If "Yes," complete Schedule L, Part II 25a Section 50 (16(8), 5016(4), and 5016(1928) organizations. Both the organization engage in an excess benefit transaction with a disqualified person during the year? "If "Yes," complete Schedule L, Part II 25a Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and to been reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part II 25b Did the organization aware that it engaged in an excess benefit transaction with organization aware to report the sections, trustees, levy employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27b Did the organization provide a grant or other assistance to an officer, director, trustee, or employee thereof, a grant asseltance or an officer, director, trustee, or employee the resonated organization organization provide a grant or former officer, director, trustee, or key employee? If "Yes," complete S	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former othicors, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 24 Dd 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 II" No., "or to him e0258 5 Dd the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds? 6 Dd the organization maintain an escrive account other than a refunding escrive at any time during the year? 24c		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 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 25e. Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did by the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? did by the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? did by the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? did by the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? did by the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? did by the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? did by the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? did by the organization and at a san 'on behalf of' issuer for bonds outstanding at any time during the year? did by the organization and at a san 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(50), 501(61), 501(61), 401(61	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	.		
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Schedule K If 1/10, 19 to line 25s bit Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? c Did the organization maritain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? d Did the organization maritain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt on the discription of the organization and the second of the companies of the organization and the second of the companies of the organization and the second of the companies of the c	24 a	· · · · · · · · · · · · · · · · · · ·	.		
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // "Yes," complete Schedule I., Part I			25a		X
Schedule L, Part I 25b	b		.		1
26 Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			05.		v
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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 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0		Part V, line 1	34		X
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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 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Test N Yes N 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	b				1
If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0		- · · · · · · · · · · · · · · · · · · ·	35b		<u> </u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0	36				3.5
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0		i di	36		<u> X</u>
Note. All Form 990 filers are required to complete Schedule O Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 15	37	· · · · · · · · · · · · · · · · · · ·			v
Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes N 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable			37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Ta Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0	38			v	1
Check if Schedule O contains a response or note to any line in this Part V Yes N 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	Pai		<u> 38 </u>	Λ_	<u> </u>
1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable Yes N	. u				
1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable				Voc	No
	10				INO
b Enter the harmon of the trace in mineral Enter of the applicable	ıd	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	\longrightarrow	162	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				162	
	b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0		Tes	
832004 12-31-18 Form 990 (20)			1c	165	

Form	990 (2018) STEPHENS PLACE 23-2720	<u>629</u>	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		,	
			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 3			
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)			
За	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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u></u>	
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		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7а		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 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u></u>	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	ļ
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	Į		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Į	İ	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ļ		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		<u> </u>
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			
þ	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	1		
С	Enter the amount of reserves on hand	ļ		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		_
	excess parachute payment(s) during the year?	15	ļ	X
	If "Yes," see instructions and file Form 4720, Schedule N			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O		L	l

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule Q			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2_		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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		
	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			v
_	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.	0.	Х	
a	The governing body?	8a 8b	X	
ь	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	tion D. F. Chicles (This decition B requests anothication about politicis not regalited by the internal revenue code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	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			7.7
	taxable entity during the year?	16a		X
þ	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			
<u></u>	exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA	c only		
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 Offity,	avalle	able
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website Will Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cio!	
19		ı ıırıan	oidi	
00	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	SISTER VIRGINIA LONGCOPE - 610 861-7677			
	729 RIDGE AVENUE BETHLEHEM PA 18015			

2	2	27	20	629	2	Page	7
_	٧ –	<i>/ 1</i>	711	n / '	4	Page	

Form 990 (2018)

STEPHENS PLACE

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

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

(A) Name and Title	(B) Average hours per	ьох	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated 17/12/2017		from the organization (W 2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) REV. DR. JANICE YOUNG DIRECTOR	5.00	х						0.	0.	0.
(2) CARMEN BARBOSA DIRECTOR	5.00	х						0.	0.	0 .
(3) REV. DR. WILLIAM URBINE DIRECTOR	5.00	x						0.	0.	0.
(4) ANNE EVANS DIRECTOR	5.00	X						0.	0.	0
(5) ALLY CROUTHAMEL JR. DIRECTOR	5.00	x					_	0.	0.	0.
(6) SISTER VIRGINIA LONGCOPE EXECUTIVE DIRECTOR	40.00			х				14,604.	0.	0
(7) TIMOTHY MUNSCH CHAIRMAN	5.00			х				0.	0.	0 .
(8) PETER NEBZYDOSKI SECRETARY	5.00			х				0.	0.	0
(9) PETER SAUNDERS TREASURER	5.00			х				0.	0.	0
(10) MARY BREIDINGER VICE CHAIRMAN	5.00			х				0.	0.	0

<u> </u>	. (A) . Name and title	(B) Average hours per week	(đo box offii	not c	(C Pos heck ss pe	c) ition more irson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS			on ed	
												,		
										·				
	,													
								:						
-														
	Sub-total Total from continuation sheets to Part V	II, Section A						>	14,604.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wl	no re	14,604. eceived more than \$100	,000 of reportabl	0. e	*		0.
	compensation from the organization				·								Yes	0 N o
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y er	nplo	yee	or l	highest compensated e	mployee on		3		x
4	For any individual listed on line 1a, is the standard organizations greater than \$15	um of reportab								the organization		4		х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	rom	any	uni un			dual for services		5		x
Sect	ion B. Independent Contractors												1	
	Complete this table for your five highest co the organization Report compensation for										pens			
	(A) Name and business	address	N	INC	<u>. </u>				(B) Description of s	ervices	С	ompe	o) nsatio	n
		, _												
	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mıte	d to		se li 0	stec	d above) who received n	nore than			000 "	

Form 990 (2018) STEPHENS PLACE
Part VIII Statement of Revenue

			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	a	Federated campaigns	1a					
ra I			Membership dues	1b					
S E			Fundraising events	1c					
ar /			Related organizations	1d					
S,E			Government grants (contribut						
ē			All other contributions, gifts, gran						
a a			similar amounts not included abor		250,366.				
E 0		g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			250,366.			
				•	Business Code				
e l	2	а	RESIDENTIAL REN	IT	531110	16,220.	16,220.		
Program Service Revenue		b							
S S		С							ļ
eve		d							
<u>6</u>		е							
مة ا		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f			16,220.			
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		▶	3,333.	3,333.		
	4		Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5		Royalties		, b				-
				(ı) Real	(II) Personal				
•	6		Gross rents						
			Less rental expenses						
			Rental income or (loss)	L					
			Net rental income or (loss)		() ()				
	7	а	Gross amount from sales of	(ı) Securities	(II) Other		·		
			assets other than inventory						
		D	Less cost or other basis						
		_	and sales expenses		 				
			Gain or (loss) Net gain or (loss)	L	•				
			Gross income from fundraising	a events (not					
Jue	0	a	including \$	-			Ī		
ķ			contributions reported on line						
Other Reven			Part IV, line 18	а а					
the		b	Less direct expenses	b					
0			Net income or (loss) from fund	draising events	>				
	9	а	Gross income from gaming ad	tivities See					,
			Part IV, line 19	а					
		b	Less direct expenses	b					
		С	Net income or (loss) from gam	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less cost of goods sold	b					
		Ç	Net income or (loss) from sale		•				
			Miscellaneous Revenu	е	Business Code				
	11								ļ
		b				-			
		C							
			All other revenue						
		_	Total. Add lines 11a-11d			260 010	10 552		0.
	12		Total revenue See instructions			269,919.	19,553.	0.	<u>U.</u>

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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)

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				.
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	14,604.	14,604.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	24 454	24 45 4		
7	Other salaries and wages	34,474.	34,474.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2 (04	2 604		
9	Other employee benefits	2,604. 5,878.	2,604. 5,878.		
10	Payroll taxes	5,8/8.	3,8/8.		
11	Fees for services (non-employees)	1,174.	1,174.		
a	Management	1,1/4.	1,1/4.		
b	Legal	2,105.	2,105.		
ب 2	Accounting	2,103.	2,103.		
a	Lobbying Professional fundraising services. See Part IV, line 17				
•	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	5,633.	5,633.		
14	Information technology		1		
15	Royalties				
16	Occupancy	29,753.	29,753.		
17	Travel	2,628.	2,628.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	:			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,313.	11,313.		
23	Insurance	8,305.	8,305.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	RESIDENT SUPPORT	30,668.	30,668.		
b	COMMUNITY SERVICE PROJE	1,645.	1,645.		
c	RENTAL ASSISTANCE	1,100.	1,100.		
d	SUPPORT SERVICES	761.	761.		
е	All other expenses	463.	463.		
25	Total functional expenses Add lines 1 through 24e	153,108.	153,108.	0.	0.
26	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)				F 990 (2018)

Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 127,851. 90,519. Cash - non-interest-bearing 1 122,824. 165,995. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 296,470. basis Complete Part VI of Schedule D 10a 125,907. 136,309. 10b 160,161. 10c b Less accumulated depreciation 19,266. 44,328. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 358,516, 474,483 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,318. 3,474. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 4,318. 474. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. et Assets or Fund Balances 354,198. 471,009. 27 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 471,009. 354,198 Total net assets or fund balances 474,483. 358,516 Total liabilities and net assets/fund balances

Form	1990 (2018) STEPHENS PLACE	23-272	20629	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 19.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			08.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	354	1,1	<u>98.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	_8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	471	.,0	<u>09.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			 _	ᆜ
	,			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			j	
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 separat	e basis,			
	consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			ł	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	1 90 (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

23-2720629 STEPHENS PLACE Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

P8	Support Schedule for	•					
	(Complete only if you checked fails to qualify under the tests				n falled to qualify t	Inder Part III II tine	organization
Sec	ction A. Public Support	- ilsted below, pied		··· /			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(0) 2010	(0) 2010	(4) 2011	10/2010	
•	membership fees received (Do not						
	include any "unusual grants ")	98,081.	121.086.	113.494.	165,803.	250,366.	748,830.
2	Tax revenues levied for the organ-	30,002.	1227000				
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		·				
•	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	98,081.	121,086.	113,494.	165,803.	250,366.	748,830.
	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)						221,858.
6	Public support. Subtract line 5 from line 4						526,972.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	98,081.	121,086.	113,494.	165,803.	250,366.	748,830.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	459.	7,217.	1,511.	1,809.	3,333.	14,329.
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)						762 150
	Total support. Add lines 7 through 10	L			<u> </u>		763,159.
	Gross receipts from related activities,	•	•			12	67,148.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
6~	organization, check this box and stor ction C. Computation of Publ		rcontago				
	· · · · · · · · · · · · · · · · · · ·			- L (6)		44	69.05 %
	Public support percentage for 2018 (I			olumn (1))		15	69.05 %
	Public support percentage from 2017			a line 12 and line	14 is 22 1/20/ or n	·	
162	a 33 1/3% support test - 2018. If the c				14 15 33 1/3% 0/ 11	nore, check this bo	» X
	stop here. The organization qualifies				line 15 is 33 1/3%	or more check th	
	33 1/3% support test - 2017. If the c				mie iu is us 1/370	, or more, check ti	▶
47	and stop here. The organization qual 10% -facts-and-circumstances tes				13 16a or 16h	and line 1/1 is 1004	or more
1/2	a 10% -facts-and-circumstances tes and if the organization meets the "fac						
	meets the "facts-and-circumstances"					it villow the organ	▶
	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes					17a and line 15 is	10% or
Ľ	10% -tacts-and-circumstances tes						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV | Supporting Organizations

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

Saction	Λ	ΔII	Sunn	ortina	Oras	anizations	
	~.	\sim 11	JUDD	OI UIIIG	VI 40	ailizations	,

- 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
- 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 gualified 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_			
		Yes	No
	1		
	}		
	2	<u> </u>	
	20		
	<u>3a</u>		
	3b		
	3c		
	4a	ļ	
	_4b		-
	ĺ		
	4c		
	5a		
	5b		
	<u>5c</u>		
	6		
	7		
		ĺĺ	
	8		
	0-		
	9a		
	9b		
	- 55		
	9c		
	10a_		
,			
	10b	0. 57	

Sche	edule A (Form 990 or 990-EZ) 2018 STEPHENS PLACE	<u>3-2/2062</u>	<u> 9 Pa</u>	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)			т
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		i	
	below, the governing body of a supported organization?	11a	 	-
	A family member of a person described in (a) above?	11b	 	
	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	Ш	
<u> </u>	ction B. Type I Supporting Organizations		Tvaa	No
4	Did the divertors triptees or membership of one or more even at a constant properties have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ľ	
	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	1		}
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11	 	 -
2	Did the organization operate for the benefit of any supported organization other than the supported		1	l
	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,			
500	supervised, or controlled the supporting organization	2	<u> </u>	<u> </u>
Sec	ction C. Type II Supporting Organizations		TV	l Na
	Many a managery of the appropriate and a discrete section of the design and the design and the discrete section of the adjustment of		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			l
Sac	the supported organization(s) etion D. All Type III Supporting Organizations		<u></u>	<u> </u>
<u> </u>	tion b. 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	[163	140
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ĺ	ľ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ļ
	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	'		\vdash
_	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			
J	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		ĺ	
	supported organizations played in this regard	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations		<u></u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	ctions).		
а		ŕ		
b				
С		see instruction:	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	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				
-	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	l		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			<u> </u>
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		

Sche	edule A (Form 990 or 990-EZ) 2018 STEPHENS PLACE			<u>23-2720629 Page 6</u>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	_1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Mınımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		<u> </u>
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	<u>.</u>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4_	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting or	nanization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Par	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D	- Distributions			Current Year
_1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported	- : :	
	organ	izations, in excess of income from activity			
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amou	ints paid to acquire exempt-use assets			
5	Quali	fied 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	Distril	butions to attentive supported organizations to which the	ne organization is responsiv	e	
	(provi	de details in Part VI) See instructions	•		
9	Distri	butable amount for 2018 from Section C, line 6			
10	Line 8	3 amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1_	Distri	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	cause required- explain in Part VI) See instructions			
3_	Exces	ss distributions carryover, if any, to 2018			
<u>a</u>	From	2013			
<u>b</u>	From	2014			
_с	From	2015	····		
<u>d</u>	From	2016			
<u>e</u>	From	2017			
f	Total	of lines 3a through e			
<u>g</u>	Applie	ed to underdistributions of prior years			
<u>h</u>	Applie	ed to 2018 distributable amount			
i_	Carry	over from 2013 not applied (see instructions)			
	Rema	inder Subtract lines 3g, 3h, and 3i from 3f			
4	Distrib	outions for 2018 from Section D,			
	line 7	<u> </u>	······································		
a	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
<u>c</u>	Rema	inder Subtract lines 4a and 4b from 4	···	~	
5	Rema	ining underdistributions for years prior to 2018, if			
	any S	Subtract lines 3g and 4a from line 2 For result greater			
	than a	zero, explain in Part VI. See instructions			
6	Rema	ining underdistributions for 2018 Subtract lines 3h			
	and 4	b from line 1 For result greater than zero, explain in			
	Part \	/I See instructions			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	с			
8	Break	down of line 7			
a	Exces	s from 2014			
b	Exces	s from 2015			
c	Exces	ss from 2016			
_ <u>d</u>	Exces	ss from 2017			
_	-	c from 2019			

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018 STEPHENS PLACE

23-2720629 Page 8

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

STEPHENS PLACE

Employer identification number 23-2720629

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring
_	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	, .	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
_	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and enforcing conconstitut	a agramante during the year
•	S	Jing of Violations, and emorcing conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(c	4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17 of the	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense sta	
Ŭ	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements		organization o doceaning re-
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	at and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea		
	relating to these items	·	•
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		S S S S S S S S S S
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial da	
	the following amounts required to be reported under SFAS 1		•
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		▶ \$

		S PLACE							20629	
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	<u>er Simil</u>	ar Asse	ts(continu	ıed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a s	ignificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	(ı 🖂	Loan or exc	hange progr	ams				
b	Scholarly research	6	. 🗌	Other	• . •					
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	hev further t	he organizat	ion's exe	mot ouro	ose in Par	t XIII	
5	During the year, did the organization solicit of	•		•	•			000 mm Q	. /	
	to be sold to raise furids rather than to be m					ioi siiriiidi	430013	Г	Yes	□ Nu
Pa	rt IV Escrow and Custodial Arran					"Voc" on	Form 900	D Part IV		
	reported an amount on Form 990, Pa		ete ii tin	e organizatio	on answered	165 011	i Fullii 990	J, railiv,	III le 5, Oi	
							المصادرة			
ıa	Is the organization an agent, trustee, custod	ian or other intermed	diary for	CONTRIBUTION	is or other as	ssets not	included		٦.,	г п. .
	on Form 990, Part X?								」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						_1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabil	lity?	L.	Yes	U No
	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	t IV, line	10			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships			***************************************						
	Other expenditures for facilities									
_	and programs		1							
f	Administrative expenses						****			
	End of year balance		-		 					
9 2	Provide the estimated percentage of the cur	rent year and balance	ao (lino 1	a column /)/ hold as					
		rent year end balant		rg, column (a	a)) Held as					
a	Board designated or quasi-endowment	%	%							
b	Permanent endowment									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	ered for the	he organiz	zation	٦.	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza				•				3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a S	See Form 990), Part X,	line 10			
	Description of property	(a) Cost or o		1 '	or other		ccumulate	I .	(d) Book	value
		basis (investr	ment)	basis	(other)	der	oreciation			
1a	Land			1	2,300.				12	,300
b	Buildings				6,087.		117,1	75.		,912
c	Leasehold improvements		···				· · ·			
d	Equipment		•	1	6,200.		16,2	00.		0 .
	Other				1,883.		26,7		35	,097
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colu							,309
		quarronni 000, ran	., 00,01	(2), 11110					<u>+</u> 0	<u>,,,,,,</u>

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	end-of year market value
) Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	in Form 990. Part IV. line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	end-of-year market value
······································			
(1) (2)			· · · · · · · · · · · · · · · · · · ·
(3)	*****		
(4)			
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9) tal (Col (b) must equal Form 990, Part X, col (B) line 13) ▶			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line rescription	11d See Form 990, Part X, line 15	(b) Book value
(1)			
(2)			
(2)			
(3)			
(3)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col (B) line	15)		>
(3) (4) (5) (6) (7) (8) (9) Matal. (Column (b) must equal Form 990, Part X, col (B) line	15)		>
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) (tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	n Form 990, Part IV, line	11e or 11f See Form 990, Part X, line (b) Book value	25
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) Mal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line		25
(3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		25

	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return	
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, lin		per netarri.	
1	Total revenue, gains, and other support per audited financial statements	6 12a	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a		2a		
b		2b		
c		2c		
d		2d	" 	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а		4a		
b		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	
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
đ	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	l l	
	Other (Describe in Part XIII)	4b		
	·			
С	Add lines 4a and 4b		1 4C	
с 5		:)	4c 5	
5	_)		
5 Paı	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	•
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	
5 Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Par	5	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2018

Open to Public Inspection

Name of the organization Employer identification number 23-2720629 STEPHENS PLACE FORM 990, PART VI, SECTION B, LINE 11B: COMPLETED FORM 990 IS FORWARDED TO THE TREASURER FOR REVIEW AND THEN PRESENTED TO THE REMAINING OFFICERS AND DIRECTORS. IT IS THEN FILED AND MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE TAX RETURN IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST ALONG WITH ALL RELATED DOCUMENTS