(Rev. January 2020)

EXTENDED TO NOVEMBER 16, 2020

29493120002002

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for Instructions and the latest information. Open to Public Inspection

A	For the	2019 calendar year, or tax year beginning	and	ending	_	
В	Check if applicable	C Name of organization			D Employer identif	ication number
	Addres change Name	STEPHENS PLACE				
L	change				23-27206	29
	Initial	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite		
	Final return/				610 861-	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	150,598.
	Ameno return	BEINDENEM, FA 10015			H(a) Is this a group r	return
	Application	Finame and address of principal officer $\Sigma \pm \Sigma$	TER VIRGINIA LO	NGCOP:	for subordinate	s? Yes X No
	pendir	9 729 RIDGE STREET, BETHL			H(b) Are all subordinates	included? Yes No
T	Tax-exe	empt status: X 501(c)(3) 501(c) (◆ (insert no.) 4947(a)(1)	or 6 2	If "No." attach a	a list. (see instructions)
J	Websit	e: NWW.STEPHENS-PLACE.COM	1		Het Group exemption	on number >
K	Form of	organization; X Corporation Trust A	ssociation Other	LVea .	of formation: 1-928	M State of legal domicile: PA
	art I	Summary			181	
_	1	Briefly describe the organization's mission or mos	t significant activities: TO	FOV TYP	A STRANSFER	ONAL LIVING
Activities & Governance	1	ENVIRONMENT FOR ADULT MAL	ES RECENTLY REL	BASED	FROM PRISON	7.
Ē	2	Check this box if the organization disco	ntinued its operations or dispo	sed of mo	e than 125% of its net a	ssets.
Š	3	Number of voting members of the governing body	(Part VI. line 1a)	OG	DEIV, 0 - 13	'l 9
Ğ	1	Number of independent voting members of the go	· · · · · · · · · · · · · · · · · · ·		4	0
ග්		Total number of individuals employed in calendar			5	
itie		Total number of volunteers (estimate if necessary)	•		6	15
桑		Total unrelated business revenue from Part VIII, co	•		7a	
Ă		Net unrelated business taxable income from Form	• • •			
		Not differenced business taxable mounte from Form	0.00 1, 111.0 0.0	T	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			250,366.	
Revenue		Program service revenue (Part VIII, line 2g)	•	•	16,220.	
, vei		Investment income (Part VIII, column (A), lines 3, 4	and 7d)	<u> </u>	3,333.	
æ	ŀ		· · · · · · · · · · · · · · · · · · ·	· -	0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		-	269,919.	150,598.
_		Total revenue - add lines 8 through 11 (must equa	·····	·	0.	
	4	Grants and similar amounts paid (Part IX, column i		<u></u>	0.	
		Benefits paid to or for members (Part IX, column (•	57,560.	1
Expenses	15	Salaries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A),		-	37,300.	
ĕ	102	5 , , , , , , , , , , , , , , , , , , ,		o. H		
X	D	Total fundraising expenses (Part IX, column (D), in	•	- ∵	95,548.	89,150.
	1	Other expenses (Part IX, column (A), lines 11a-11d		·	153,108.	
		Total expenses. Add lines 13-17 (must equal Part		 	116,811.	
Lo.		Revenue less expenses. Subtract line 18 from line	12	-	 	
ts o				<u> </u>	eginning of Current Year 474,483.	
SSE	20	Total assets (Part X, line 16)	•	· -		
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)	. :_	·	3,474.	
		Net assets or fund balances. Subtract line 21 from Signature Block	line 20	- : -	471,009.	469,896.
_	art II		unaluding againment una achadula	o and atator	conto, and to the heat of m	ou knowledge and heliaf it in
		Ities of perjury, I declare that I have examined this return				ty knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than offic	ar) is based on all information of w	men prepare		
٠.		Signature of officer			10/2/20	21
Sig		•	PE, EXECUTIVE D	TDTCM		
Hei	re	SISTER VIRGINIA LONGCO	PE, EXECUTIVE D	INECI	<u> </u>	
			Danaga and an and an	· · · · · · · · · · · · · · · · · · ·	Date Check	II PTIN
D-'	ا ہ	Print/Type preparer's name	Preparer's signature		ıf .	
Pai		BEVERLY A RIEGEL	D CDEEN CDAC		self-employ	
	parer	Firm's name BERG, SCHULTZ AN			FIRM'S EIN	23-1261464
USE	Only	Firm's address 1514 HANOVER AVE			n	0 422 E14F
		ALLENTOWN, PA 18			Phone no. O 1	0-433-5145
		RS discuss this return with the preparer shown about		 		X Yes No
9320	01 01-2	0-20 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	ons.		Form 990 (2019)

Form		23-2120629	Page 2
Pai	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:	- (5)	_
	OPERATION OF A RESIDENTIAL HALFWAY HOUSE FOR A MAXIMUM OF		ıT.
	MALES RECENTLY RELEASED FROM PRISON. SUPERVISE THEIR TRAI	ISITIONAL	
	LIVING BACK INTO SOCIETY.		
	LIVING BACK INTO SOCIETY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	5 000 000 570		es X No
		—	03 (44) 110
	If "Yes," describe these new services on Schedule O.		(in a)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. ۲لــا	es 🗓 No
	If "Yes," describe these changes on Schedule O.		
_			
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expense	es, and
	revenue, if any, for each program service reported.		
_ _	(Code) (Expenses \$. 17	7,503.
4a	(Code.) (Expenses \$ 133,040 including grants of \$) (Revenue :	`	, 505.
			
		 	
			
			
41-	\(\)	•	
4b	(Code:) (Expenses \$ including grants of S) (Revenue :	, 	
			
		······································	
			
			
			······································
4c	(Code) (Expenses \$ including grants of \$) (Revenue)
			
		· · · · · · · · · · · · · · · · · · ·	
			
			
			
	Other research and Pagetha on Schodide O.		·····
4d	Other program services (Describe on Schedule O.)		
	(Expenses S including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 139,046.		

Form **990** (2019)

Form 990 (2019) STEPHENS PLACE
Part IV | Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		ļ	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	<u> </u>	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			 -
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) STEPHENS PLACE
Part IV Checklist of Required Schedules (continued)

			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ŀ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	242		х
_	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			۱.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			İ
	instructions, for applicable filing thresholds, conditions, and exceptions):	l		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		x
	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		 -
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	İ		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	•		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. م		
00000	(gambling) winnings to prize winners?	1c	990	(2019)
ひろとびひ	l 01-20-20	1 000		(EU 17)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	t d		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 2			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	ļ	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	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			i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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		X
	If "Yes" to line 5a or 5b, dld the organization file Form 8886-T?	5c	ļ	
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			1
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	 	Х
	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	_		- v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/n		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	35	<u> </u>	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1 !
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		ŀ	İ
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see Instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	.	Х
	If "Yes," complete Form 4720, Schedule O.		L	
		Form	990	(2019)

Form 990 (2019)

STEPHENS PLACE

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line ba, bb, or rob below, describe the circumstances, processes, or charges an ocheane of occurstrations.			
	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			
	If there are material differences in voting rights among members of the governing body, or if the governing			i i
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
_	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision		•	х
	of officers, directors, trustees, or key employees to a management company or other person?	3		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		$\frac{\Lambda}{X}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6		├ ^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		İ	х
	more members of the governing body?	7a		^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	
a	The governing body?	8a	$\frac{\Lambda}{X}$	
b	Each committee with authority to act on behalf of the governing body?	8b		├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
~	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			NI-
	Date to the standard of the st	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		 -
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114	- 43	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
, b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this was done	12c		
12	Did the organization have a written whistleblower policy?	13		X
13 14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The state of the s	15a	·	X
a h	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.		,	
	Own website Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	statements available to the public during the tax year.		·	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SISTER VIRGINIA LONGCOPE - 610 861-7677			
	729 RIDGE AVENUE RETHLEHEM PA 18015			

Form 990 (2019)	STEPHENS PLACE	23-2720629	Page 7
Part VII Con	npensation of Officers, Directors, Trustees, Key Employees, I	Highest Compensated	
Emp	ployees, and Independent Contractors		
Chac	k if Schedule O contains a response or note to any line in this Part VII		

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

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

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

Check this box if neither the organization in	or any related	orga	ınıza	ation	COL	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ntion	than	one :	Reportable	Reportable	Estimated
	hours per	DOX	, unte	ss pe	T600	is bot x/trus	h an	compensation	compensation	amount of
	week		1		1		,	from	from related	other
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
_	related	20 20	聲			Sale		(W-2/1099-MISC)	(** 2 1000 (***)	organization
_	organizations	Individual trustee or director	Institutional trustee		a A	адша		(,		and related
	below	grag	ള	₌	Key employee	est co loyee	Jec			organizations
	line)	重	tz.	Officer	Key	Highest compensated employee	Боглес			
(1) REV. DR. JANICE YOUNG	5.00									•
DIRECTOR		X				_		0.	0.	0.
(2) CARMEN BARBOSA	5.00				ŀ					^
DIRECTOR	L	X	_	_		ļ		0.	0.	0.
(3) REV. DR. WILLIAM URBINE	5.00				ŀ			0	0.	^
DIRECTOR	5.00	X		├	-	┢		0.	0.	0.
(4) ANNE EVANS	3.00	x						0.	0.	0.
(5) SISTER VIRGINIA LONGCOPE	40.00	<u> </u>		-		├		0.	· · · · · · · · · · · · · · · · · · ·	0.
EXECUTIVE DIRECTOR	40.00	l		x	ŀ			14,604.	0.	0.
(6) TIMOTHY MUNSCH	5.00	<u> </u>	┢┈	-	╁	-	_	11,001.	<u> </u>	······································
CHAIRMAN	- 3100			x	l			0.	0.	0.
(7) ALLY CROUTHAMEL ESQ.	5.00	 				\vdash				
SECRETARY		1		X				0.	0.	0.
(8) PETER SAUNDERS	5.00									
TREASURER		<u> </u>	<u> </u>	X				0.	0.	0.
(9) MARY BREIDINGER	5.00							_	_	_
VICE CHAIRMAN				X	<u> </u>			0.	0.	0.
		L.	<u> </u>		<u> </u>	_				
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		ļ	<u> </u>	_	├-	-				
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	†	<u> </u>	T	\vdash						
		1			-					
		l	<u> </u>							

Pai	T VII Section A. Officers, Directors, Tru		ploy	<u>/ees</u>			ighe	st (45:	
	(A)	(B)			Pos	C) utior	า		(D)	(E)	i	_	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			stimate nount	_
		week					or/trus		from	from related		ŀ	other	
		(list any	ætě	1		1			the	organization		l.	pensa	
		related	trustee or director	ᆲ		l	sated		organization (W-2/1099-MISC)	(W-2/1099-MI	5C)		rom the janizat	
		organizations	fast	nstitutional trustee		a e	Highest compensated employee		(_	d relat	
		below (ine)	Individual	utato	Officer	Key employee	nest c	Former				orga	anızati	ons
		11118)	ᆙ	<u>⊨</u>	통	₹	五色	Ē	ļ					
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		+	 		\vdash	H	T							
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]		<u>L_</u>	<u></u>	<u> </u>					<u> </u>		
	Subtotal								14,604.		0.			0.
	Total from continuation sheets to Part V	II, Section A							14,604.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th	1086	lieta	ed a	hov	- ·	ho r		000 of reportab				
2	compensation from the organization	not writed to ti	1036	, nau	cu a	DO#	C) ***		eceived more triain wroc	,,oco or reportati				C
													Yes	No
3	Did the organization list any former officer			key (emp	loye	e, o	r hig	phest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for										-	3		X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization				×
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									Idual for services		4		
	rendered to the organization? If "Yes," con							VII.			·	5	1	X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-									npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	end	ng v	vith	or w	<u>ıthıı</u>		year.				
	(A) Name and busines:	s address	N	ONI	E				(B) Description of s	ervices	c	O) Ompei		n
								\neg						
											ı			
								4						
											ı			
								┪			1			
								\neg						
2	Total number of independent contractors	_	ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					0					Cours !	000 #	

Form 990 (2019) STEPHENS PLACE
Part VIII | Statement of Revenue

		Check if Schedule O	contains a respo	nse or note to any li	ne 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
Contributions, Giffs, Grants and Other Similar Amounts	b c	Fédéràtéd campaigns Membership dues Fundraising events Related organizations Government grants (cont	1b 1b 1c 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d				, , , , , , , , , , , , , , , , , , ,	
n Tribution of Other Si	f g	All other contributions, gifts, similar amounts not included in Noncash contributions included in	grants, and ahove 1f	133,095.	2		, ", ,	1 4
<u>٥</u> ۽	h	Total. Add lines 1a-1f		<u>. ,</u>	133,095.	* ' L #		
		RESIDENTIAL F	יו או אים	Businesia Code 531110	13,320.	13,320.		<u> </u>
Program Service Revenue	2 a b				13,320.	13,320.		
E S	d							
g a	е							
ፚ	f g	All other program service Total, Add lines 2a-2f	revenue .	. •	13,320.	*		
	3	Investment income (inclu- other similar amounts) Income from investment		>	4,183.	4,183.		· · · · · · · · · · · · · · · · · · ·
	5	Royalties .	or tax-exempt bu	ind proceeds	<u> </u>			
		ricyanies .	(i) Real	(a) Personal	<u> </u>		, ,	
	6 a	Gross rents	Ga		1			,
	b	Less, rental expenses	6h]',			
	c	Rontal income or (loss)	6c		11, 1	;		
		Net rental income or (loss					<u></u>	
	7 a	Gross amount from sales of		ies (ii) Úther		, i		•
	١.	accete other than inventory	78				7 4 7 9 6	• · · • · ·
92	b	Loss, cost or other basis			1 ' ']	, ' '	,
ern	,	and sales expenses Gain or (loss)	7b 7c		d *	,	. ,	,
Rev	1	Net gain or (loss)	[/6]		`			
Other Revenue		Gross income from fundraisi including \$	ing events (not of				1	
		contributions reported on Part IV, line 18	line 1c). See	8a		u		a, ·
	1	Less direct expenses		8b				1
	l .	Net income or (loss) from	-		<u> </u>			· · · · · · · · · · · · · · · · · · ·
	9 a	Gross income from gamir	ng activities. See	1 1				j
		Part IV, line 19	•	9a 9b	4			•
		Loss direct expenses Net income or (loss) from	aamina aativitie		Fare 1 p	<u> </u>	<u> </u>	
	l	Gross sales of inventory,				l ,		,
		3 . 11		10a		'	1	
	ь	Less cost of goods sold	•• • • • • • • • • • • • • • • • • • • •	101			,-	,
	ł	Net income or (loss) from		ry				
<u>s</u>				Business Code				
Miscellaneous Revenue	11 a			_			ļ	
Han	Ь			_	ļ			
Re	C	I All ashau		_				
Σ	ď	All other revenue Total. Add lines 11a-11d	-	· <u></u>		 		
	12	Total revenue. See instruction		· · · · · · · · · · · · · · · · · · ·	150,598.	17,503.	0.	0.

	rt IX Statement of Functional Expens				
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	her organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	ise 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,	14 604	14 604		
	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)	42,573.	42,573.		
7	Other salaries and wages	42,5/3.	44,5/3.		
8	Pension plan accruais and contributions (include '				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,384.	5,384.		
10	Payroll taxes	3,304.	3,304.		
11	Fees for services (nonemployees):	2,800.	2,800.		
a	Management	2,000.	2,000.		
b	Legal	2,596.	2,596.	-	
ب 2	Accounting	2,350.	2,3300		
d	Lobbying Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			·
e	Investment management fees				
1	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	4,576.	4,576.		<u> </u>
14	Information technology				···
15	Royalties				
16	Occupancy	32,432.	32,432.		
17	Travel	2,734.	2,734.	-	
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	12,665.			
23	Insurance	7,326.	7,326.		
24	Other expenses, Itemize expenses not covered			,	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	RESIDENT SUPPORT	17,705.	17,705.		
b	RENTAL ASSISTANCE	3,512.	3,512.		
c	COMMUNITY SERVICE PROJE	1,529.	1,529.		
d	GENERAL EXPENSES	953.	953.		
е	All other expenses	322.	322.		
25	Total functional expenses. Add lines 1 through 24e	151,711.	139,046.	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)				

		Check if Schedule O contains a response or note to any line in this Part X	 		<u> </u>
			(A) Beginning of year		(B) End of year
Т	1	Cash · non-interest-bearing	127,851.	1	135,484
	2	Savings and temporary cash investments	165,995.	2	153,045
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	:		
1		trustee, key employee, creator or founder, substantial contributor, or 35%			
1		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
1		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges		9	
- 1		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 296, 470.	-		
	ь	Less accumulated depreciation 10b 172,825.	136,309.	10c	123,645
1	11	Investments - publicly traded securities	44,328.	11	61,289
ı	2	Investments - other securities. See Part IV, line 11		12	
ı	3	Investments - program-related. See Part IV, line 11		13	
	4	Intangible assets		14	
- 1	5	Other assets. See Part IV, line 11		15	
	6	Total assets. Add lines 1 through 15 (must equal line 33)	474,483.	16	473,463
_	7	Accounts payable and accrued expenses	3,474.	17	3,567
- 1	8	Grants payable		18	
1	9	Deferred revenue		19	
2	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
- 1	2	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
2	:3	Secured mortgages and notes payable to unrelated third parties	 	23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
2	6	Total liabilities. Add lines 17 through 25	3,474.	26	3,567
		Organizations that follow FASB ASC 958, check here ▶ 🐰			
		and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	471,009.	27	469,896
2	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
2 2 3 3 3 3	9	Capital stock or trust principal, or current funds		29	
3	10	Paid in or capital surplus, or land, building, or equipment fund		30	•
3	11	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	31	
3	12	Total net assets or fund balances	471,009.	32	469,896
١,٧	13	Total liabilities and net assets/fund balances	474,483.	33	473,463

Form	990 (2019) STEPHENS PLACE	23-2720	629	Pag	e 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		·		<u></u>
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 .		.,7:	11.
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	471	.,0(9.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	469	, 89	96.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Ι,	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	 · . · .			<u>-</u>
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	- 1	
	separate basis, consolidated basis, or both:			1	- {
	Separate basis		-		X
b	Were the organization s financial statements audited by an independent accountant?		2b		^ ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1	1	
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			- 1	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	-		
·	review, or compilation of its financial statements and selection of an independent accountant?	o addit,	2c	l	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		-		
	Act and OMB Circular A-133?	•	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Employer identification number

23-2720629 STEPHENS PLACE Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). \mathbf{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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other our gave ning documen (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nα above (see instructions))

Schedule A (Form 990 or 990 EZ) 2019 STEPHENS PLACE 23-27206

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	121,086.	113,494.	165,803.	250,366.	133,095.	783,844.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	121,086.	113,494.	165,803.	250,366.	133,095.	783,844.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						240,945.
	Public support. Subtract line 5 from line 4						542,899.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017 165, 803.	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	121,086.	113,494.	165,803.	250,366.	133,095.	783,844.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
٠	and income from similar sources	7,217.	1,511.	1,809.	3,333.	4,183.	18,053.
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.)						004 005
	Total support. Add lines 7 through 10		·				801,897.
	Gross receipts from related activities,	•	•			12	67,648.
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	here ic Support Pe	rcentage		<u></u>	·	
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	67.70 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	69.05 %
16a	33 1/3% support test - 2019. if the c	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright [X]$
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		••	▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anızatıon dıd not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	heck a box on line	3 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	jualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶ □
				. —	Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 STEPHENS PLACE

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

Support Schedule for C	_					
(Complete only if you checked			organization failed	to qualify under	Part II. If the organiz	ation fails to
qualify under the tests listed be	elow, please comp	olete Part II.)				
Section A. Public Support		1	1	1	1/	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019/	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		İ	1		/	
include any "unusual grants.")		<u> </u>			1/	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	ļ					
are not an unrelated trade or bus-						
ıness under section 513				/		
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		İ				
furnished by a governmental unit to		Ì		1		
the organization without charge		<u></u>		 		
6 Total. Add lines 1 through 5			/	ļ		
7a Amounts included on lines 1, 2, and		·	Y			
3 received from disqualified persons		/	 	 	+	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6		<u></u>	ļ			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses				}		
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI/)	ı					
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publi	ic Support Pe	rcentage			·	
15 Public support/percentage for 2019 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	iii, line 15	· · · · · · · · · · · · · · · · · · ·		16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
move than 33 1/3%, check this box ai b 38 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che						▶⊨
20/ Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	

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.)

S	ec	tion	A.	All	Supp	orting	Orgai	nizations

sec	tion A. All Supporting Organizations		Tv	l Na
_	Averally of the appropriate and appropriate constraint and the appropriate and appropriate anotation appropriate and appropriate and appropriate and appropria		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			ŀ
	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.	1		
_		 !	 	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
2-				
за	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
L	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	38	 	-
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	1	
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	50		
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	10	 	
J	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		ł	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
	Did the organization support any foreign supported organization that does not have an IRS determination	<u> </u>		
Ū	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
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		1	
	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	l		<u>. </u>
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- 1		İ
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	Ì		İ
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also	ŀ		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	 	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		├
эa	Was the organization controlled directly or indirectly at any time during the tax year by one or more	ł		
	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.	9a	 	
D	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.	9b	<u> </u>	
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		-
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
102	Was the organization subject to the excess business holdings rules of section 4943 because of section	1 30	\vdash	
·va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
	The first and a second control of the second	,		

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.)

10b

23-27	2062	9 Pa	age 5
		Yes	No
	11a		
	11b		
VI.	11c		
1		Yes	No
•			
ed			
	1		
	2		
_ !	·	Yes	No
S			
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		Yes	No
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			1
			
	3		<u> </u>
see instructions)	 }_		
,555 11155 4545415)	, -		
ent entity (see ins	tructions		
of		Yes	No
of			
e d			

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of pnor-year distributions 3 3 Other gross income (see instructions) Add lines 1 through 3. 4 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Pnor Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recovenes of pnor-year distributions 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year

emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2019

rar	t v Type III Non-Functionally integrated 509	(a)(s) Supporting Orga	ailizations (continued)	r
Secti	on D - Distributions	<u> </u>	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	· · · · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	,		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(lii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-	——————		
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			1
ถ	From 2014			•
b	From 2015	,		
c	From 2016			
	From 2017			
е	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Broakdown of line 7:		•	
a	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018		× 1	
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 STEPHENS PLACE	23-2720629 P	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section C V, Section B, line 1e; Part \	;, V,
		·	
			··.
			
·			
			, , , , , , , , , , , , , , , , , , ,
			
····			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 23-2720629

	STEPHENS PLACE			23-2720629
Par	t I Organizations Maintaining Donor Advised Fur	ds or Other Similar Fund	s or Acco	unts.Complete if the
L	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fu	nds 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	hat the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's exclusi	ve legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpos	e confemng	
	Impermissible private benefit?		·	Yes No
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" on Form 990	Part IV, line 7	7
1	Purpose(s) of conservation easements held by the organization (che	ck all that apply).		
	Preservation of land for public use (for example, recreation or	education) Preservation of	of a historically	y important land area
	Protection of natural habitat	Preservation of	of a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form	n of a conser	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure		2c	
d	Number of conservation easements included in (c) acquired after 7/5	25/06, and not on a historic struc		1
	listed in the National Register	· · · · · · · · · · · · · · · · · · ·	2 <u>d</u>	
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by ti	ne organizatio	n during the tax
	year -	to to the same of the		
4	Number of states where property subject to conservation easement	• • • • • • • • • • • • • • • • • • • •		
5	Does the organization have a written policy regarding the periodic m		Ī	Yes No
_	violations, and enforcement of the conservation easements it holds' Staff and volunteer hours devoted to monitoring, inspecting, handling		noonation on	
6	Starr and volunteer nours devoted to monitoring, inspecting, narion	ig or violations, and emorcing co	i isei valion ea	sements during the year
-	Amount of expenses incurred in monitoring, inspecting, handling of	wolotions, and anforcing conson	istion pacama	ents during the year
7	> \$	violations, and emorcing conserv	ation easeme	ints during the year
8	Does each conservation easement reported on line 2(d) above satisf	ty the requirements of section 17	O(b)(4)(B)(i)	
0	and section 170(h)(4)(B)(ii)?	y the requirements of section 17		Yes No
9	In Part XIII, describe how the organization reports conservation ease	ements in its revenue and expens	se statement a	
•	balance sheet, and include, if applicable, the text of the footnote to			
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of Art,	Historical Treasures, or (Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not t	o report in its revenue statement	and balance	sheet works
	of art, historical treasures, or other similar assets held for public exh			
	service, provide in Part XIII the text of the footnote to its financial sta	atements that describes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 958, to re	port in its revenue statement and	balance she	et works of
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in fur	therance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financ		
	the following amounts required to be reported under FASB ASC 958			
а	Revenue included on Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		<u> </u>	\$

	dule D (Form 990) 2019 STEPHEN								<u> 20629</u>		<u>e 2</u>
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, (or Othe	er Simil	ar Asse	ts (continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it make s	significant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	· 🗀	Loan or exc	hange progra	am					
ь	Scholarly research	e	, [Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatı	on's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	istoncal trea	sures, or oth	er sımılaı	r assets		_		
	to be sold to raise funds rather than to be made	aintained as part of	the orga	nızatıon's co	ollection?			<u> </u>	Yes	<u> </u>	No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded		_	_	
	on Form 990, Part X?							. L	Yes	□	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table.							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f	<u> </u>			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabil	lity?	L_	Yes	<u> </u>	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation	on has been	provided on	Part XIII				<u> </u>	
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears ba	<u>ck</u>
1a	Beginning of year balance										_
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships		<u></u>		ļ						
е	Other expenditures for facilities		1			- 1					
	and programs				<u> </u>						
f	Administrative expenses		ļ								_
g	End of year balance		l		l				L		_
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	701111011101111111111111111111111111111	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	ind administe	ered for t	he organi	zation	<u> </u>		
	by									'es N	40
	(i) Unrelated organizations				•		•		3a(ı)	-+-	—
	(ii) Related organizations	-		 .					3a(ii)		—
ь	If "Yes" on line 3a(ii), are the related organization	· ·							3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							—
Pai	t VI Land, Buildings, and Equipm		0.0-4.0) .	D-4 V	baa 10				
	Complete if the organization answere								400		
	Description of property	(a) Cost or o		, , ,	or other	, , , ,	ccumulate	1	(d) Book	/aiue	
		basis (investi	nent)		(other)	ae	preciation	' 		300	_
	Land				2,300. 6,087.		122 0	//3 -		,300	
	Buildings	 		40	0,00/•		122,8	· · ·	- 63	, 404	<u> </u>
	Leasehold improvements			7	6,200.		16,2	00		,	0.
	Equipment	<u></u>			1,883.		33,8		28	,06	
	Other	Tuel Form 000 Dead	V ==1	<u> </u>			55,0	44.		,64	
ı otal	. Add lines 1a through 1e. (Column (d) must e	quai roiiii 990, Pan	A, COIUI	ııı (a), iirle i	vc.)				127	, U = .	<u> </u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 STEPHENS PL	23-2720629 Page 3		
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			····
(A)			····
(B)			
(C)			
(D)			<u> </u>
(E)	· · · · · · · · · · · · · · · · · · ·		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)		<u> </u>	
(2)	····		
(3)	 		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col (b) must equal Form 990, Part X, col. (B) line 13.)		4	1
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) !	Description		(b) Book value
(1)		•	
(2)	<u> </u>		
(3)			
(4)			
(5)			
(6)	=		
(7)	 	<u> </u>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	>	<u> </u>
Part X Other Liabilities.			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	 		· · · · · · · · · · · · · · · · · · ·
(2)	·····		
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)		-	
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8) (9)

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

STEPHENS PLACE	23-2/20029							
FORM 990, PART VI, SECTION B, LINE 11B:								
COMPLETED FORM 990 IS FORWARDED TO THE TREASURER FOR REVI	EW 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 REQUE	EST ALONG WITH ALL							
RELATED DOCUMENTS								
