Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning <u>SEP 1</u>, 2017, and ending <u>AUG 31</u>, 20<u>18</u> **Do not send to the IRS. Keep for your records.**

Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2017

Department of the Treasury Internal Revenue Service Name of exempt organization

Employer identification number

CHURCH HILL ACTIVITIES AND TUTORING, INC

20-0220263

Name an	d title of officer	
DON	COLEMAN	
CHAT	RMAN	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,798,947.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here F D b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize MITCHELL, WIGGINS & COMPANY LLP	to enter my PIN 20263
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	5
Officer's signature Date Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 5494825924 Do not enter all zero	
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	5
ERO's signature Date	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To D	o So
LHA For Paperwork Reduction Act Notice, see instructions. 723051 10-11-17	Form 8879-EO (2017)

18150111 758084 0001406.0

2017.05020 CHURCH HILL ACTIVITIES AND 00014061

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AI	For the	e 2017 calendar year, or tax year beginning $ { m SEP} 1$, $ 2017$ and endin	ng AUC	31, 2018	
B	Check if applicab	e: C Name of organization	D	Employer identific	cation number
	Addre				
	Name chang	20-0	220263		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite E	Telephone number	r
	Final return	, 3015 N STREET		804-1	236-4964
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	3,555,680.
	Amen	RICHMOND, VA 25225	н	a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: DOM COLLEMAN		for subordinates	
	-	3015 N. STREET, RICHMOND, VA 23223		b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or $	527		list. (see instructions)
-		te: WWW.CHATRICHMOND.ORG		c) Group exemption	
_		f organization: X Corporation Trust Association Other ► L Summary	L Year of to		State of legal domicile: VA
F		Briefly describe the organization's mission or most significant activities: TO EQUI		SERVE TH	
Ce	'	CHURCH HILL TO MAKE TRANSFORMATIVE DECISION	IS.		
Activities & Governance	2	Check this box		an 25% of its net as	sets
ver		Number of voting members of the governing body (Part VI, line 1a)		I I	12
ğ		Number of independent voting members of the governing body (Part VI, line 1b)			12
ss &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			91
viti		Total number of volunteers (estimate if necessary)			0
\cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,474,314.	2,613,885.
Revenue		Program service revenue (Part VIII, line 2g)		67,561.	95,956.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,420.	3,046.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,466. 2,595,761.	86,060. 2,798,947.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		138,358.	13,666.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		130,330.	13,000.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		,436,245.	1,703,881.
Expenses		Distancional fundraising face (Dart IV, column (A), line 11a)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) 259, 242.		•••	•••
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		582,164.	731,136.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,156,767.	2,448,683.
		Revenue less expenses. Subtract line 18 from line 12		438,994.	350,264.
ces			Beginr	ing of Current Year	End of Year
Assets (Balanc	20	Total assets (Part X, line 16)	2	2,238,167.	2,544,503.
t As	21	Total liabilities (Part X, line 26)		376,301.	332,324.
Fund		Net assets or fund balances. Subtract line 21 from line 20	. 1	.,861,866.	2,212,179.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DON COLEMAN, CHAIRMAN Type or print name and title	Date						
Paid Preparer	Print/Type preparer's name Preparer's signature Date M. JAMES HARTSON, JR., CP Firm's name MITCHELL, WIGGINS & COMPANY LLP	Check PTIN if self-employed P00590214 Firm's EIN ► 54-0565834						
Use Only	Firm's address 100 FLANK ROAD	Firm's EIN ► 54-0565834 Phone no.804-733-5566						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-2	32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)							

	t 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: CHAT SERVES THE YOUTH OF THE EAST END OF RICHMOND AND EQUIPS THEM WITH THE HEART, HEAD, AND HANDS TO MAKE TRANSFORMATIVE LIFE DECISIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses 411,431. including grants of) (Revenue) (Revenue) (Revenue) (Revenue)
	ENRICHMENT CLASSES, SUMMER DAY CAMP, AND HIGH SCHOOL YOUTH GROUP. IN
	THE 2017-2018 YEAR, 110 YOUTH PARTICIPATED IN THE AFTER SCHOOL PROGRA
4b	(Code:) (Expenses \$ 822,244. including grants of \$ 13,666.) (Revenue \$ 55,49
	CHURCH HILL ACADEMY - CHAT'S INDEPENDENT HIGH SCHOOL WHERE WE EMPHASI ACADEMICS, CHARACTER, AND COMMUNITY. IN THE 2017-2018 YEAR, WE SERVE
	38 STUDENTS IN GRADES 9-12.
4c	(Code:) (Expenses \$ 218, 203. including grants of \$) (Revenue \$)
τC	TINY TYKES PRESCHOOL EDUCATED OUR 39 YOUNGEST STUDENTS, AGES 2.5
	THROUGH PRE-K, IN A SAFE, NURTURING, AND SOCIO-ECONOMICALLY DIVERSE
	ENVIRONMENT DURING THE 2017-2018 YEAR.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 489,460. including grants of \$) (Revenue \$ 109,274.)
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ 489,460.including grants of \$) (Revenue \$ 109,274.) Total program service expenses ▶ 1,941,338.

	000	(0017)	
Form	990	(2017)	

Pa	rt 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		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		X
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		x
18	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	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

Form **990** (2017)

732003 11-28-17

Form 990 (2017)	CHURCH H	ILL A	ACTIVITIES	AND	TUTORING,	INC	20-0220263	Page 4
Part IV Checklist	of Required Sche	dules (c	continued)					

Pa	rt IV Checklist of Required Schedules (continued)		_	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
6 7	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38		<u> </u> (2017)
		ronn	550	(2017)

732004 11-28-17

Part W Statements Regarding Other IRS Filings and Tax Compliance Check IF Schedule Contrates a response or note to any line in the Part V Image: Contrast and the Control of the Contr		990 (2017) CHURCH HILL ACTIVITIES AND TUTORING, INC 20-0220	263	P	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter 40- if not applicable 1a 15 15 15 10 0 1a Enter the number of Form W.23 included in line 1a. Enter 40- if not applicable 15 10 0 0 Did the organization comply with backup withholding rules for reportable payments to venciors and reportable gaming 1c X 2a Enter the number of Form W.23 included in line 1a. Enter 40- if not applicable 2a 91 2b If a tasst one is reported on line 2a, did the organization file all required federal employment tax numrs? 2b X Note. If the sum of lines 1a and 2 is grater times 20, your apic sequencial end-file genetization in Schedule 0 3b 3a X 16 the calendary searching the No. 16 in 63, produide an explanation in Schedule 0 3b X 16 Type, nother the name of the foreign county. We is the second, second second is account? 3a X 2b If Yae, in the Sa or 8, did the organization have an interest in, or a signature or other authority over, a financial Accounts (FBAR). 5c 5c 3a If Yae, in the Sa or 8, did the organization interest for FinOEN Form 114, flepsort of Foreign Bark and Financial Accounts (FBAR). 5c 5c X 3b If Yae, in t	Par				
a Enter the number exported in Box 3 of Form 1086. Enter -0: not applicable 1		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
b Enter the number of Forms W2G included in the 1a. Enter of: not applicable Image: Control of Contten Control Of Control Of C				Yes	No
c Did the organization comply with backup withholding lukes for reportable payments to vendors and reportable gaming (gambling) withings to protee winners? 1 C X 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 91 2b If at least one is exported on ine 2a, did the organization file all required tederal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-Me (see instructions) 3a X b If Yes,' has I filed a Form 900.T for this year? If No, 10 ine 3b, provide an explanation in 8-checkle O 3b 4 b If Yes,' has I filed a Form 900.T for this year? If No, 10 ine 3b, provide an explanation in 8-checkle O 3b 4 b If Yes,' to the face on 5b, dot the organization have an interest n, or a signature or other authority over, a financial account if the organization have the horeary country! 5a X 5a Was the organization have holder stransaction area yitm during the taxeners? 5a X 5a Was the organization have the authority over, a financial Accounts (FBAR). 5a X 5a Was the organization have nual gross recells that an onmaily greater than \$100,000, and did the organization solicit any contributions and party to a prohibitat taxe fourthbuions or gifts were not tax deductible?	-				
gambling winnings to prize winnes? ic X 2a Enter the number of employees reported on frem W3, Transmitta of Wage and Tax Statements. ga 91 2b If at least one is reported on line 2a, did the organization fie all required to defend employment tax returns? Zo X 3b If the sum of lines 1 and 2a is greater than 250, you may be required to define (see instructions) 3a X 3b If "Yes," hast filed a Form 300 Tor this year? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to define (see instructions) 3a X 3c Did the organization have unrelated business gross income of \$1,000 or more during the tax year? 3a X 3c Did the organization have an inferent in, or a signature or other authority over, a francial account is or find (En organization have an inferent in, or a signature or other authority over, a francial account is for fing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a If "Yes," in the face 3n of 5b, did the organization have an invaling react than \$100,000, and did the organization solit any contributions that were not tax deductible from 888617 X 6b If "Yes," indicate the number of forms 8282 filed during the year Zd X 7b If wes, 'indicate the number of forms 8282 filed during the year Zd					
2a Enter the number of employees reported on Form W-S. Transmittal of Wage and Tax Statements. 2a 91 bit at least one is reported on line 3a, did the organization file al lequired federal employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X a Dat the organization have unifield business greater than 250, you may be required to e-file (see instructions) 3a X bit 17%s; "that if field a form 90-T for this year? If M-S," to line 3b, provide an explanation in Schedule 0 3b 4 bit 17%s; "that if field a form 90-T for this year? If M-S," to line 3b, provide an explanation in Schedule 0 3b 4 bit 17%s; "to line 3a or boys, or thing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a X bit 17%s; "to line 5a or 5b, dot the organization have has hother transaction and y time during the tax year? 5a X bit 17%s; "to line 5a or 5b, dot the organization have not tax deductible as charitable contributions or gifts were not tax deductible? 5a X bit 17%s; "to line 3b, dot the organization wave positication an explose statement that such contributions or gifts were not tax deductible? 5a X bit 17%s; "to line 3a, dot 3b, add the organization wave or that wate or the organization have and the supart 10 groads and services provided?	С		-	v	
tid for the calendar year ending with or within the year covered by this rotum 2a 91 b if at least one is reported on the 28, did the organization file all required to derifie (see instructions) 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Dif **es, * has title a 6 rom 300 of 10 this year? 7a X 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 is for thing organization have an interest in, or a signature or other authority over, a financial account is for fining requirements for Finic (requirements for Finic (requirements for Finic (requirements for Finic (requirements for Finic (Finic Finic Fi			10	~	
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9 Sponsoring organizations maintaining donor advised funds. 9a a 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: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 11a 10b 12 Gross income from members or shareholders 11a 11b 12a 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 13a 14a Did the	8		-		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14-2		x
					<u> </u>
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Form 990	(2017)
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20-0220263 CHURCH HILL ACTIVITIES AND TUTORING, INC Page **6**

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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.

2001	Check if Schedule O contains a response or note to any line in this Part VI						
Seci	tion A. Governing Body and Management						
	-	1.	I		L 2	Ye	s
та	Enter the number of voting members of the governing body at the end of the tax year	1 a		-			
	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 0.						
	Enter the number of voting members included in line 1a, above, who are independent				12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip wit	h any oth	ər			
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under t		-				
	of officers, directors, or trustees, or key employees to a management company or other person? \ldots				. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	vas filed?		4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	•		. 5		
6	Did the organization have members or stockholders?				. 6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				78	.	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				7	,	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y						
	The governing body?	-		-	88	l X	
b	Each committee with authority to act on behalf of the governing body?				. 8		_
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						-
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				. 9		
	tion B. Policies (This Section B requests information about policies not required by the Internal I				9		
	TOTI D. TOTOICS (This Section B requests information about policies not required by the internal r	leven	le coue.)			Ye	
0-	Did the exception have least charters, hyperbox, as offiliates?				10	_	:5
	Did the organization have local chapters, branches, or affiliates?				10		-
	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						-
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bei	fore filing	the form'	2 11	a _ ^	•
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					- v	-
	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 ris				. 12	b X	•
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						.
	in Schedule O how this was done						
	Did the organization have a written whistleblower policy?						
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 appro-	val by	independ	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official				. 15	a X	2
	Other officers or key employees of the organization					b X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?				16	a	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org						
	exempt status with respect to such arrangements?				16	b	
ect	tion C. Disclosure					-	
	List the states with which a copy of this Form 990 is required to be filed NONE						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Se	tion 501	c)(3)s on	v) avail	ahle	
	for public inspection. Indicate how you made these available. Check all that apply.	1 (000		0)(0)3 011	y) avan	abic	
	Own website Another's website X Upon request Other (explain	n in S	chodulo (
0				,	ond fire		
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	Unflict	or interes	a policy,	and tin	ancial	
	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 b TYLER MCPHILLIPS - $804-644-0518$	ooks a	and record	as: 🕨			
	3015 N STREET, RICHMOND, VA 23223						
					г.	rm 00	<u>. 0</u>
~200G	11-28-17				F0	rm 99	0
2000	6						

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	(do	not c	(C Pos heck	C) itior	i than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	hours per week (list any hours for related organizations below line)	stee or director			lirecto	Highest compensated signal signa	tee)	organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DON COLEMAN	5.00	x		x				0.	0.	0.
CHAIRMAN (2) WILL ROUNTREE	5.00	^		<u> </u>				0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(3) TOMMY BLANCHARD	1.00									
DIRECTOR		x						0.	0.	0.
(4) ESTHER CHOI	1.00									
DIRECTOR		x						0.	0.	0.
(5) ROB LANPHEAR	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CHRIS BRADLEY	1.00									_
DIRECTOR		х						0.	0.	0.
(7) DAN KENNEDY	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(8) WARD MARSTILLER	1.00							0		0
DIRECTOR	1.00	X						0.	0.	0.
(9) EVERETT REVELEY DIRECTOR	1.00	x						0.	0.	0.
(10) PENN PENDLETON	1.00			-				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) DAVE SKOVE	1.00									
DIRECTOR		x						0.	0.	0.
(12) NICOLE UNICE	1.00									
DIRECTOR		x						0.	0.	0.
(13) STEPHEN WEIR	40.00									
EXECUTIVE DIRECTOR				Х				60,153.	0.	7,922.
				├──	-					
			<u> </u>	\vdash		<u> </u>	<u> </u>			
		1								
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7 2017.05020 CHURCH HILL ACTIVITIES AND Form **990** (2017)

									TUTORING, IN		220	263	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		ploy	vees			ghe	st C						
	(A) Name and title	(B) Average hours per week	Average Position Reportable (do not check more than one box, unless person is both an officer und a direct (function)						(E) Reportable compensatic from related	on	(F) Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensa om the anizat d relat anizati	e ion ed
1b	Sub-total								60,153.		0.		7,9	22.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A			·····	· · · · · ·			0. 60,153.		0.	. 0		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	lose	liste	ed at	0006	e) wr	io r	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual							-			3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" CO	mpl	ete S	Sche	edule	e J f	for such individual		1	4		X
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .		-		<u></u>	5		Х
1	Complete this table for your five highest con the organization. Report compensation for t								n the organization's tax		1pens			
	(A) Name and business	address	NC	ONI	Ξ				(B) Description of s	services	C	(C compe		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	iot lii	mite	d to		se lis)	stec	d above) who received n	nore than				
												Form	990 (;	2017)

732008 11-28-17

				CTIVITIE	S AND TUTO	RING, INC	20-0220	263 Page 9
Pa	rt VI	II Statement of Rever Check if Schedule O cont		or poto to opy lin	a in this Dart VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	 Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grant similar amounts not included about Noncash contributions included in lines 	1b 1c 1d ions) 1e ts, and 1f /e 1f 2, 1a-1f: \$ 1	29,315. 584,570. 517,416.	2 612 005			
<u>o e</u>	h	Total. Add lines 1a-1f		Business Code	2,613,885.			
Program Service Revenue	b c d			900099 900099 900099	55,494. 34,692. 5,770.	55,494. 34,692. 5,770.		
Pro	e f		nue					
	g	Total. Add lines 2a-2f			95,956.			
	3 4	Investment income (including other similar amounts) Income from investment of tax	k-exempt bond p	proceeds	1,834.			1,834.
	5	Royalties	(i) Real 641.	(ii) Personal				
	b	Gross rents Less: rental expenses Rental income or (loss)	0.					
				►	641.			641.
	b	 Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 	(i) Securities 644,539. 643,327. 1,212.					
		Net gain or (loss)			1,212.			1,212.
Other Revenue		Gross income from fundraising including \$ 29, 3 contributions reported on line Part IV, line 18 Less: direct expenses	15. of 1c). See	43,500. 33,186.				
0		Net income or (loss) from func		►	10,314.			10,314.
		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а					
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less and allowances	returns a					
		 Less: cost of goods sold Net income or (loss) from sale 			68,812.	68,812.		
		Miscellaneous Revenu		Business Code				
		MISCELLANEOUS		900099	6,293.			6,293.
	b c							
	d							
	е	Total. Add lines 11a-11d			6,293.			
73200	12 9 11-2	Total revenue. See instructions. 8-17			2,798,947.	164,768.	0.	20,294. Form 990 (2017)

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2017.05020 CHURCH HILL ACTIVITIES AND 00014061

Form 990 (2017)

CHURCH HILL ACTIVITIES AND TUTORING, INC 20-0220263 Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				
De	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	12 666	12 666		
-	individuals. See Part IV, line 22	13,666.	13,666.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	89,411.	23,385.	46,315.	19,711.
6	Compensation not included above, to disqualified	,	,	,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,406,340.	1,150,250.	102,284.	153,806.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	108,493.	89,611.	7,196.	11,686.
10	Payroll taxes	99,637.	77,938.	9,904.	11,795.
11	Fees for services (non-employees):				
a	o				
b	•	9,400.		9,400.	
	Accounting	9,400.		9,400.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
, g					
9	column (A) amount, list line 11g expenses on Sch 0.)	102,264.	54,143.	24,188.	23,933.
12	Advertising and promotion				
13	Office expenses	40,391.	12,814.	21,698.	5,879.
14	Information technology				
15	Royalties				
16	Occupancy	162,699.	151,484.	5,252.	5,963.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		22 110	2 (01	1 0 0 5
19	Conferences, conventions, and meetings	37,542.	33,116.	2,601.	1,825.
20	Interest				
21	Payments to affiliates	71,731.	66,787.	2,315.	2,629.
22 23	Depreciation, depletion, and amortization	15,932.	13,890.	956.	1,086.
23 24	Other expenses. Itemize expenses not covered	10,001	10,000	5501	1,000
27	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	MATERIALS & SUPPLIES	85,452.	85,353.	46.	53.
b	TRANSPORTATION COSTS	56,779.	48,598.	3,832.	4,349.
с	MEALS & SNACKS	49,173.	49,128.	22.	23.
d	DUES & SUBSCRIPTIONS	29,757.	5,855.	10,487.	13,415.
е	All other expenses	70,016.	65,320.	1,607.	3,089.
25	Total functional expenses. Add lines 1 through 24e	2,448,683.	1,941,338.	248,103.	259,242.
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)				Earm 990 (2017

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10 2017.05020 CHURCH HILL ACTIVITIES AND Form **990** (2017)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,327,729. 809,466. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 171,250. 9,275. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 **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 6 Loans and other receivables from other disgualified 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 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 107,275. 91,436. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 1,292,132. basis. Complete Part VI of Schedule D _____ 10a 317,527. 793,069. 974,605. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 139,992. 141,458. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 217,115. 15 Other assets. See Part IV, line 11 15 2,238,167. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 100,915. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 275,386. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 26

0. 2,544,503. 65,742. 266,582. 376,301. 332,324. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 1,452,097. 1,823,218. 27 Unrestricted net assets 409,769. 388,961. Temporarily restricted net assets 28 29 Permanently restricted net assets 29 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 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,212,179. 1,861,866. Total net assets or fund balances 33 2,544,503. 2,238,167. 34 Total liabilities and net assets/fund balances_____ Form 990 (2017)

Assets

_iabilities

Vet Assets or Fund Balances

27

28

33

34

orm	990	(2017)	

Form	1990 (2017) CHURCH HILL ACTIVITIES AND TUTORING, INC	20-	-0220263	Page	• 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	2,798		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,448		
3	Revenue less expenses. Subtract line 2 from line 1	3),26	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,861		
5	Net unrealized gains (losses) on investments	5		4	9.
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	2,212	2,17	9.
Pa	rt XII Financial Statements and Reporting			Г	
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes I	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis			x	
b	Were the organization's financial statements audited by an independent accountant?			^	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis	5,		
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
-	Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of tr	الألمن م			
C	review, or compilation of its financial statements and selection of an independent accountant?			x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ja		ngie AL			х
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uirod au	3a		
a	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
	or audits, explain why in Schedule O and describe any steps taken to undergo such addits				—

Form **990** (2017)

732012 11-28-17

Department of the Treasury

Internal Revenue Service

(Eorm	aan	or	990-EZ)
(FOIM	990	O	990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Nam	e of t	the organization						Employer	r identification number
			CH HILL AC	TIVITIES AND	TUTO	RING,	INC		0-0220263
Pa	rt I	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma		ntial part of its support	from a gov	vernmental	unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state c	f the colleg	je or
		university:							
10		An organization that norma							
		activities related to its exen	-						-
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	aπer June 30, 1975.
11		See section 509(a)(2). (Con An organization organized a		ively to test for public or	foty Soo	caction 5(0(2)(4)		
12		An organization organized a	-	•	•			arry out the	e nurnoses of one or
		more publicly supported or	-	•	-			-	
		lines 12a through 12d that							
а		Type I. A supporting orga	• •			-		-	/ aivina
		the supported organization	-	-	•				
		organization. You must o							
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,
		its supported organizatio	n(s) (see instructions	b). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0	zation.			
		er the number of supported o							
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetarv	(vi) Amount of other
	``	organization	((described on lines 1-10	Yes	ing document? No	support (see i	-	support (see instructions)
				above (see instructions))					
Tota									

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 13

Schedule A (Form 990 or 990-EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-0220263 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,219,749.	1,950,766.	1,863,392.	2,474,314.	2,613,885.	10,122,106.
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	1,219,749.	1,950,766.	1,863,392.	2,474,314.	2,613,885.	10,122,106.
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)						1,658,936.
6	Public support. Subtract line 5 from line 4.						8,463,170.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,219,749.	1,950,766.	1,863,392.	2,474,314.	2,613,885.	10,122,106.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,322.	490.	7,889.	2,984.	2,475.	22,160.
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.)		4,025.	4,109.	5,071.	6,293.	19,498.
11	Total support. Add lines 7 through 10						10,163,764.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	873,242.
	First five years. If the Form 990 is for	,	,			n 501(c)(3)	
	organization, check this box and stop				•		
See	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	83.27 %
	Public support percentage from 2016					15	89.32 %
	33 1/3% support test - 2017. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organizatio						s
	<u>_</u>		,	. ,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-0220263 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
74	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	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						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	l s first second thi	I rd fourth or fifth t	tax year as a soction	$\frac{1}{100}$	l zation
		-			-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2017 (I			colump (fl)		15	%
	Public support percentage from 2016					16	% %
	ction D. Computation of Invest						70
	•						0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2017. If the						
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the						▶∟
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 10-06-17	n ala not check a	507 011 1110 14, 13	a, or rob, oneok t		edule A (Form 99	
1 3202				15	301		5 51 550-L2j 2017
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Schedule A (Form 990 or 990-EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-0220263 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

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2017.05020 CHURCH HILL ACTIVITIES AND 0

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Yes

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3a

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3c

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4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Schedule A (Form 990 or 990-EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-0220263 Page 5

Pa	Supporting Organizations (continued)			
			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	· ·		
2	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ũ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Soc</u>	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9		0-F7	2017
. 5202	17			

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2017.05020 CHURCH HILL ACTIVITIES AND 00014061

Schedule A (Form 990 or 990-EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-0220263 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 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

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.

Section 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 instruction	ons) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater	r amount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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 no	n functionally integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-0220263 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		· · · ·	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 organizatior	าร	
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	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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		Z) 2017 CHURC								
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Section	, lines 1, 2, 3b, 3c, 4 ition D, lines 2 and 3	lb, 4c, 5a, 6, 3; Part IV, Se	9a, 9b, 9c, 1 ection E, lines	1a, 11b, and 1c, 2a, 2b, 3a	11c; Part IV a, and 3b; F	', Section B, Part V, line 1;	lines 1 and 2; Part V, Secti	Part IV, Sec on B, line 1e;	tion C,
	Section D, lines 5, (See instructions.)	6, and 8; and Part	V, Section E	, lines 2, 5, ar	nd 6. Also con	nplete this p	part for any a	dditional info	rmation.	
32028 10-06-1	7				20		Sc	hedule A (Fo	rm 990 or 99	90-EZ)

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 ł **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Nam	e of the organization CHURCH HILL ACTIVI	TIES AN	ID TUTORING.	INC	Employer identification number 20-0220263
Pa			-		
	organization answered "Yes" on Form 990, Part IV, lin				
			onor advised funds	(o) 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 of grants norm (during year)				
5	Did the organization inform all donors and donor advisors in	writing that the	a assats hold in donor ad	l visod fun	de
5	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
U	for charitable purposes and not for the benefit of the donor of				
Pa					
1	Purpose(s) of conservation easements held by the organizati	_		0, i aitiv,	
	Preservation of land for public use (e.g., recreation or e			ictorically	important land area
	Protection of natural habitat	education)	Preservation of a c		
				entinea m	stone structure
•	Preservation of open space	с. I			
2	Complete lines 2a through 2d if the organization held a quality	fied conserva	ition contribution in the fo	m of a co	
	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
с	Number of conservation easements on a certified historic str				2c
d	Number of conservation easements included in (c) acquired				
-	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	leased, exting	guished, or terminated by	the organ	ization 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				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of v	violations, and enforcing c	onservatio	on easements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violati	ons, and enforcing conse	rvation ea	sements during the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	-			
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization	tion's financia	al statements that describ	es the org	anization's accounting for
-	conservation easements.		· · ·	0.1	. .
Pai	t III Organizations Maintaining Collections o	-	-	Other s	Similar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not t	o report in its revenue sta	tement ar	id balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, educ	ation, or research in furthe	erance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these ite	ms.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to re	port in its revenue statem	ent and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or r	esearch in furtherance of	public ser	vice, 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 tre				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1				▶ \$
	Assets included in Form 990, Part X				▶ \$
	For Paperwork Reduction Act Notice, see the Instruction				Schedule D (Form 990) 2017
	10-09-17				

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Sche		HILL ACTIV									ige 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	reasures, o	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following that	at are a si	gnificant ι	use of its	collectior	1 items	5
	(check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further f	the organizati	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	er similar	assets		-		1
	to be sold to raise funds rather than to be m		<u> </u>						Yes		No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								1		1
_	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:							
									Amount		
	Beginning balance										
	Additions during the year										
e f	Distributions during the year										
22	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII						• · · · · · · ·	······ ــــ			
Pa											
	· ·	(a) Current year		rior year	(c) Two yea			ears back	(e) Four	vears I	back
1a	Beginning of year balance		(~).	iler year	(0) ****)**		()		(0)	<u>,</u>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	ation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)	\rightarrow	
										\rightarrow	
b	If "Yes" on line 3a(ii), are the related organization				?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	t VI Land, Buildings, and Equipn				~ - ~						
	Complete if the organization answere								()) .	<u> </u>	
	Description of property	(a) Cost or c		• •	t or other		cumulate	a	(d) Book	value	;
	L e ce el	basis (investr	nent)		(other) 97,983.	dep	preciation		0'	7,98	22
	Land				57,983. 58,839.	1	.35,70			7,90 3,13	
	Buildings				8,951.	L	8,99	22		9,95	
	Leasehold improvements				13,189.		53,72			9,40	
	Equipment				3,109.	1	19,11			$\frac{9}{4}, \frac{4}{0}$	
	Other Add lines 1a through 1e. (Column (d) must e		X ochur			-	,			$\frac{1}{4}, 0$	
Tota	Aud lines ta unough te. (Column (a) must e	quai i 01111 990, Part	∧, coiun	, וווופ), וווופ	100.1					<u>., , , , , , , , , , , , , , , , , , , </u>	

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 CHURCH HILL	ACTIVITIES	AND 7	TUTORING ,	INC 2	0-0220263 Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11b. S	ee Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or e	end-of-year market value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) BROKERED CERTIFICATES OF					
(B) DEPOSIT	141,458	3. El	ND-OF-YEAF	R MARKE	T VALUE
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	1 / 1 / 6				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	141,458	5.			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" (a) Description of investment					end-of-year market value
	(b) Book value	(0	Internoù or valuari	On. Cost of e	end-or-year market value
<u>(1)</u>					
(2)					
(3)					
<u>(4)</u>					
<u>(5)</u>					
<u>(6)</u>					
<u>(7)</u>					
(8) (9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11d. Se	ee Form 990, Part	X. line 15.	
	Description			.,	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)				•
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or	11f. See Form 990	, Part X, line	25.
1. (a) Description of liability		(b) Boo	ok value		
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►				
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	e to the or	ganization's financ	ial statemen	ts that reports the
organization's liability for uncertain tax positions under					
					chedule D (Form 990) 201

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Sche	dule D (Form 990) 2017 CHURCH HILL ACTIVITIES AND	TUTORING,	INC	20-	0220263	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Reven	ue per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b	4c				
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Exper	nses pei	r Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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				
d	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				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

CHAT FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REGARDING									
"ACCOUNTING FOR UNCERTAIN TAX POSITIONS". THIS STANDARD PROVIDES DETAILED									
GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE									
OF UNCERTAIN TAX POSITIONS RECOGNIZED IN CHAT'S CONSOLIDATED FINANCIAL									
STATEMENTS. IT REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT									
IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION									
WILL NOT BE SUSTAINED UPON EXAMINATION. THE TAX YEARS OF 2015 TO 2017									
REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.									

CHAT HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAXBENEFITS OR OBLIGATIONS AS OF AUGUST 31, 2018 AND 2017. CHAT INCLUDES732054 10-09-17Schedule D (Form 990) 2017292918150111 758084 0001406.02017.05020 CHURCH HILL ACTIVITIES AND 00014061

Schedule D (Form 9	990) 2017 Diemental Info	CHURCH rmation (con	HILL Z	ACTIVI	TIES	AND TUI	ORING,	INC2	0-0220	263 Page 5
PENALTIES	AND INTER	REST ASS	ESSED I	BY INC	DME I	AXING A	UTHORI	TIES	IN OPE	RATING
EXPENSES.	CHAT DII	NOT HAY	VE PEN	ALTIES	AND	INTERES	T EXPE	NSES	FOR TH	IE YEARS
ENDED AUGU	JST 31, 20	18 AND 1	2017.							
732055 10-09-17								So	chedule D	(Form 990) 2017
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(For	HEDULE E m 990 or 990-EZ) ment of the Treasury Revenue Service	Schools ► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.	OMB No. 20 Open to	17	7
	e of the organization	Go to www.irs.gov/Form990 for the latest information.	Inspect		mbor
Marine	•		-0220		
Pa			0220	200	
				YES	NO
1		have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, ment, or in a resolution of its governing body?	1	x	
2		include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other	written communications with the public dealing with student admissions, programs, and scholarships	? 2	X	
3	period of solicitation for	bublicized its racially nondiscriminatory policy through newspaper or broadcast media during the per students, or during the registration period if it has no solicitation program, in a way that makes			
		parts of the general community it serves? If "Yes," please describe. If "No," please explain.		x	
	If you need more space	e, use Part II	. 3		
			-		
			-		
			-		
			-		
4	Does the organization	maintain the following?	-		
а	Records indicating the	e racial composition of the student body, faculty, and administrative staff?	. 4a	X	
b		that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		X	
с	Copies of all catalogue	es, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs	, and scholarships?	4c	X	
d	Copies of all material u	used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No"	to any of the above, please explain. If you need more space, use Part II.			
			_		
			_		
			_		
			_		
5	•	discriminate by race in any way with respect to:			
		/ileges?			X
b	Admissions policies?		5 b		X
С		or administrative staff?			X
		financial assistance?			X
					X
					X
					X
h		ictivities?	. <u>5h</u>		X
	If you answered "Yes"	to any of the above, please explain. If you need more space, use Part II.			
			-		
			-		
			-		
~	Deseth init		-		v
		receive any financial aid or assistance from a governmental agency?			X X
b		right to such aid ever been revoked or suspended?	. 6b		
_	•	on either line 6a or line 6b, explain on Part II.			
7	•	certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	-	x	
		5-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II			<u> </u>

732061 10-06-17

	Also provide							
32062 10-06-1	17					Schedule E	(Form 99	0 or 990-EZ) 2
				32				-

Schedule E (Form 990 or 990 EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-0220263 Page 2

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	e organization answered "Yes" on organization entered more than \$15 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.		or if the	OMB No. 1545-0047
Name of the organization		HILL ACTIVITIES AN	ЪΤ	UTO	RING, INC		Employer ide $20 - 0220$	entification number
		Complete if the organization answe				line 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true undraising services?	stees	Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit o	contrib	D ution:	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. 5	Schee	dule G (Form	990 or 990-EZ) 2017

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Schedule G (Form 990 or 990-EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-0220263 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 ANNUAL BANQUET	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
חפעפוומפ	1	Gross receipts	72,815.			72,815
	2	Less: Contributions	29,315.			29,315
	3	Gross income (line 1 minus line 2)	43,500.			43,500
	4	Cash prizes				
ß	5	Noncash prizes				
vhei iod	6	Rent/facility costs	3,600.			3,600
חווברו באחבוואבא	7	Food and beverages	21,158.			21,158
-	8	Entertainment				
	9	Other direct expenses				8,428
	10					33,186
	11					10,314
a	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
-		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
				2		
	1	Groop revenue				
┥	<u> </u>	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
הוובתו דעהבווזבים	4	Rent/facility costs				
	5	Other direct expenses				
1			Yes%	── Yes %	Yes_%	
	6	Volunteer labor	□ No	□ No	<u>No</u>	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	En	ter the state(s) in which the organization cond	ucts gaming activities:			
a	En Is f	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	lucts gaming activities: activities in each of these	states?		
а	En Is f	ter the state(s) in which the organization cond	lucts gaming activities: activities in each of these	states?		
а	En Is f	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	lucts gaming activities: activities in each of these	states?		
a b	En Is f	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ucts gaming activities: activities in each of these	states?		Yes . N
a b)a	En Is f If "	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: activities in each of these	states?	year?	Yes . N
a b)a	En Is f If "	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ucts gaming activities: activities in each of these	states?	year?	Yes N
a b)a	En Is f If "	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: activities in each of these	states?	year?	Yes N
a b a b	En Is 1 If " We If "	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: activities in each of these	states?	year?	Yes . N

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Sch	edule G (Form 990 or 990-EZ) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC20-	0220263	B Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_
	to administer charitable gaming?	Yes	No No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address		
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🗌 Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
De	organization's own exempt activities during the tax year s		01 451
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
7320	83 09-13-17 Schedule G (For	m 990 or 99	0-EZ) 2017
4 - 7	35		14001

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2017.05020 CHURCH HILL ACTIVITIES AND 00014061

edule G (Form 990 or 990-EZ) art IV Supplemental Info	L ACTIVITIES	AND	TUTORING,	INC20-0220263	Page
				Schedule G (Form 990 o	r 990

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭn i " on Form 990, Pa [.] m 990.	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
			Go to www.ir	s.gov/Form990 ic	or the latest morr	nation.		Employer identification number
Name of the organization		LL ACTIVI	TIES AND TU	TORING, I	INC			20-0220263
Part I General In	formation on Grants a			•				
1 Does the organiz	ation maintain records	to substantiate the	amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the seled	ction
criteria used to a	ward the grants or assi	stance?	-					X Yes No
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	ed States.			
Part II Grants and	d Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient th	nat received more than	\$5,000. Part II can	be duplicated if addit	ional space is nee	ded.		1	
	dress of organization rernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	er of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				
	er of other organization							······
LHA For Paperwork	Q							Schedule I (Form 990) (2017)

Part IV

(a) Type of grant or assistance

SCHOLARSHIPS	7	13,666.	0.	

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

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

(b) Number of

recipients

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(f) Description of noncash assistance

Page 2

(e) Method of valuation (book, FMV, appraisal, other)

SCHEDULE M (Form 990)	Noncash Contributions
	Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.

ributions

OMB No. 1545-0047

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Open To Public Inspection

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Name of the c	organization
---------------	--------------

Name	e of the organization						er identificat		
	CHURCH HILL	ACTIVI	TIES AND	TUTORING,	INC		20-0220	263	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) od of determi contribution a	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property		1.0	F02	207			TTN T	
9	Securities - Publicly traded	X	16	503,	327.	QUOTED 1	MARKET	VAL	UE
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution - Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (<u>VEHICLE EXPEN</u>)	X	1	12,	814.				
26	Other (EQUIPMENT)	X	1		650.E				
27	Other (MATERIALS AND)	Х	1		375.	FMV			
28	Other ► ()				_				
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines	s 1 throug	h 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't require	d to be us	sed for			
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard	contribut	tions?			X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell ı	noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column	(a) is chec	ked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Sch	edule M (For	m 990) 2017

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	 n Part I, column (b any additional info					
32142 09-07-17					Schedule	M (Form 990)
			40			

								20-0220263	Page 2
Part II Su	upplemental	Informatio	on. Provid	e the information requ	ired by	Part I, lines 30b, 32b	, and 33,	and whether the organiza	ition

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

CHURCH HILL ACTIVITIES AND TUTORING, INC 20-

Employer identification number 20 - 0220263

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE WORK LEADERSHIP INSTITUTE PROVIDES OPPORTUNITIES FOR YOUTH TO

DEVELOP PROFESSIONAL SKILLS AND EXPERIENCES IN ONE OF THREE SMALL

BUSINESSES. IN THE 2017-2018 YEAR, 26 YOUTH AND YOUNG ADULTS

PARTICIPATED IN THE WORK LEADERSHIP INSTITUTE.

EXPENSES \$ 489,460. INCLUDING GRANTS OF \$ 0. REVENUE \$ 109,274.

FORM 990, PART VI, SECTION B, LINE 11B:

ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 VIA EMAIL TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR ANNUALLY SIGNS A STATEMENT AFFIRMING THAT HE OR SHE HAS

RECEIVED A COPY OF THE POLICY, UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE CHAIRMAN OR EXECUTIVE DIRECTOR SURVEYS COMPENSATION OF ORGANIZATIONS

SIMILAR TO CHAT TO DETERMINE AND SUBSTANTIATE SALARIES. COMPENSATION IS

APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)73221109-07-17

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2017.05020 CHURCH HILL ACTIVITIES AND 00014061

SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number 20-0220263

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

Name of the organization

CHURCH HILL ACTIVITIES AND TUTORING, INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHAT PROPERTIES, LLC - 20-0220263					
3015 N STREET	OWNERSHIP OF REAL ESTATE				CHURCH HILL ACTIVITIES
RICHMOND, VA 23223	USED IN OPERATIONS OF CHAT	VIRGINIA	0.	251,853.	AND TUTORING, INC.
CHAT PROPERTIES N STREET, LLC - 20-0220263					
3015 N STREET	OWNERSHIP OF REAL ESTATE				CHURCH HILL ACTIVITIES
RICHMOND, VA 23223	USED IN OPERATIONS OF CHAT	VIRGINIA	0.	469,268.	AND TUTORING, INC.

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

20-0220263 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box 20 of Schedule	manag partne	or Percenta ng owners
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	1										
	-										
	-										
										+ +	_
	-										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction (b)(13) trolled tity?
		country)		or trust)		455615			No
									<u> </u>
									

Schedule R (Form 990) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a		
	Gift, grant, or capital contribution to related organization(s)				1b		
с	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)				1d		
	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1 i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
Т	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		
n	Performance of services or membership or fundraising solicitations by related orga				1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n		
	Sharing of paid employees with related organization(s)				10		
p	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w						•
	(-)		(a)				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
_(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2017 CHURCH HILL ACTIVITIES AND TUTORING, INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	· · ·		1	(f)	(g)	0	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501(c orgs	all	Share of			opor-	Code V-UBI	General o	
of entity	T findary docivity	(state or foreign	(related, unrelated,	501 (c	s sec. c)(3)	total	end-of-year	tion	opor- nate tions?	amount in box 20	managin	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs Yes	<u>s.</u> ?	income	assets	alloca	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		-
		,,		Yes	NO			Yes	NO		Yes NC	<u>'</u>
												1
				+					-			1

Schedule R (Form 990) 2017

Schedule R (Form 990) 201

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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				46				