Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 Inspection

Oppartment of the Treasury internal Revenue Service

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

Α	For the	2017 calendar year, or tax year beginning JUL 1, 2017 and ending	JUN 30, 2018								
8	Check if applicable	C Name of organization	D Employer Identif	cation number							
	Address change	Lawrence Hall									
	Name	Doing business as	36-2	167771							
	Initial colum	Number and street (or P.O. box if mall is not delivered to street address) Room/s	uite E Telephone numbe	er —							
	Final rotum/	2737 W Peterson Avenue	,	(773)728-2807							
	क्षेत्रकातः क्षेत्रका	City or town, state or province, country, and ZIP or foreign postal code	G Grossracelpte S	19,590,315,							
	Amende relum	Chicago, 15 00039-3927	H(a) Is this a group r	H(a) Is this a group return							
	Applies tion pending	F Name and address of principal officer. Nat & 1000x0	for subordinates	s? Yes 🗓 No							
_		4833 N Francisco Avenue, Chicago, IL 60625	H(b) Are all subordinates i	noluded? Yes No							
			527 If "No," attach a	list. (see instructions)							
		www.lawrencehall.org	H(c) Group exemption								
			ear of formation; 1874	Vt State of legal domicite; IL							
.1	-	Summary									
	1 8	riefly describe the organization's mission or most significant activities: See Schedule	0								
ranc	2 0	theck this box if the organization discontinued its operations or disposed of m									
Activities & Governance	3 1		1 _	sets. 28							
Ô	4 1	umber of independent voting members of the governing body (Part VI, line 1b)		28							
45 47	5 5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)	5	310							
Ť.	6 T	otal number of volunteers (estimate if necessary)	6	400							
cţi	7a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.							
_<	ь м	et unrelated business taxable income from Form 990-T, line 34		0.							
			Prior Year	Current Year							
0	, в с	ontributions and grants (Part VIII, line 1h)	1,497,564.	1,389,391.							
Revenue	9 P	rogram service revenue (Part VIII, line 2g)	16,845,583.	16,061,540.							
ě	10 lr	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,042,973.	742,881.							
-	יון ע	ther revenue (Part VIII, column (A), fines 5, 6d, 8c, 9c, 10c, and 11e)	37,041.	60,488.							
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,423,161,	18,254,300.							
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	1,996,487.	1,933,175.							
		enefits paid to or for members (Part IX, column (A), fine 4)	0,	13 202 524							
96	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,376,718.	13,280,534.							
Expenses	loa P	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)		STREET WAY CONSTITUTED							
짂	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,213,237.	4,449,018.							
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,586,442.	19,662,727.							
		evenue less expenses. Subtract line 18 from line 12	-163,281,	-1,408,427,							
5%	4		Beginning of Current Year	End of Year							
Sets	20 T	otal assets (Part X, line 16)	40,242,674.	38,993,639.							
Net Assets	21 T	otal liabilities (Part X, line 26)	14,305,350.	12,923,154,							
8 :	22 N	et assets or fund balances. Subtract line 21 from line 20	25,937,324.	26,070,485.							
-		Signature Block									
Und	ler penalti	as of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is							
rve,	, correct,	and complete, Declaration of preparer (other than officer) is based on all Information of which prepared	rer has any knowledge.	1							
		Signature of officer		1101							
Sigr		*	Dale ,								
Ker	e	Kara Teeple, CEO Type or print name and title									
			Date Check	PTIN							
Dís ^c		Shakut Fland									
	}	Irm's name RSM US LLP	sen-singrey	42-0714325							
	H	im's address 1 S. Wacker Drive, Ste 800	Firm's EIN 🛌	15.0114252							
		Chicago, IL 60806	Phone no. 312	-634-3400							
vlav	the IRS	discuss this return with the preparer shown above? [see instructions]	T OVER NO. 3 A D	X Yes No							
				L.*:. 100 NU							

	rm 990 (2017) Lawrence Hall	36-2167771	Page 2
P	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	Lawrence Hall is a not-for-profit child welfare agency established to		
	assist, through a seamless delivery of Services, at-risk youth and		
	their families, to develop the self-worth, knowledge, and skills they		
	need to lead independent and productive lives.		
2	Old the organization undertake any significant program services during the year which were not listed on t		
	prior Form 990 or 990-EZ?	Ye	es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi-	ces? Ye	es X No
	if "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	•	
	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	7 (7)	(Revenue \$ 12.3	306,634.
	See Schedule O		
		<u> </u>	
4b	(Code:) (Expenses \$ 2,406,155. including grants of \$)	(Revenue \$ 2,7	39,136.)
	See Schedule O		
4c	(Code:) (Expenses \$ 1,387,480. including grants of \$)	(Revenue \$ 1,0	15,770.)
	See Schedule 0	rievellub v	
1d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
10	Total program service expenses \(\) 16,392,735.		

Form 990 (2017)

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			Vac	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
	If "Yes," complete Schedule A	1	X	
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	<u>×</u>	-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	1	
	similar amounts as defined in Revenue Procedure 98-197 /f "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts (or 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,	١.		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_^.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete	١.	l	x
^	Schedule D, Part III	8		^_
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?			x
40	If "Yes," complete Schedule D, Part IV	9	-	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		X	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1031100	WEST.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		000	605
_	as applicable.	HINGSHIE.	SEMICIA	ENGS.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
L	Part VI	11a		-
D	Did the organization report an amount for investments - other securities in Part X. line 12 that is 5% or more of its total			x
_	assets reported in Part X, fine 16? If "Yes," complete Schedule D, Part VII	115		_^
Ç	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
_1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1 <u>1c</u>		
a	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	22.1	X	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		
f	Did the organization's separate or consolidated (inancial statements for the tax year include a footnote that addresses	222	X	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	920	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14:1		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		4.5%		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	146		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
ı,		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16_		-
17		17		X.
18	column (A), lines 6 and 11e? // "Yes," complete Schedule G, Part /	17		
10		40	X	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	30		х

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Form 990 (2017) Lawrence Hall
Part IV | Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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), .ine 2? # "Yes," complete Schedule I, Parts I and III	22	X	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	Х	-
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	24a	х	
h	Schedule K. If "No", go to line 25a	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease	240		-
·	any tax-exempt bonds?	240		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	-		==
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete			
	Schedule L, Part I	25b		х
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? #"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		Х
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).	SEC. S	1286	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,			v
	director, trustee, or direct or indirect owner? f *Yes, = complete Schedule L, Part IV	28c		- <u>x</u>
29	Did the organization receive more than \$25,800 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-0,		
36	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? // "Yes," complete Schedule B, Part I	33	- 1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ь	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?	1		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	300		
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0		D/E	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	NAV.	63	
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	200	100 May	
	filed for the calendar year ending with or within the year covered by this return 2a 310		018.57	USE.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	213	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (sec instructions)	370.7	100	1/4
Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990. for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		INTE	
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes." to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6</u> a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	-	
	Organizations that may receive deductible contributions under section 170(c).			
a	Die the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Γ,
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	8018	500	381
e	Did the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	100	West of	8
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	5.50		
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		
	Section 501(c)(7) organizations, Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		1000	
c	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a		N. S.	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received (rom them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax exempt interest received or accrued during the year		融	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		/25	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		i seli	
	Enter the amount of reserves the organization is required to maintain by the states in which the	De.	-115	
	organization is incensed to issue qualified health plans	0.10%		
	Enter the amount of reserves on hand	vite.		074
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
_	TO DIVING ALL VIVIAGIBILITY IN CONTROL OF		990 (201

36-2167771 Lawrence Hall Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 28 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 28 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 X Oid the organization have members or stockholders? 6 7a Oid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 76 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X d8 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes " provide the names and addresses in Schedule O 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X in Schedule O how this was done Did the organization have a written whistleblower policy? 13 X 13 X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO. Executive Director, or top management official X 15a b Other officers or key employees of the organization 15h If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, X Own website X Upon request Other (explain in Schedule 0) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

William Kritchevsky - 872-241-8180

2737 W Peterson Avenue, Chicago, IL 60659-3927

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)	(B)							(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per	box	cer ar	ss pe	rson i	s boli	teal	compensation	compensation	amount of
	week (list any	-	Π			1	,	from the	from related organizations	other compensation
	hours for	director				0		organization	(W-2/1099-MISC)	from the
	related	trostae or	frustee	İ		nsated		(W-2/1099-MISC)	(· · · · · · · · · · · · · · · · · · ·	organization
	organizations	LT DS	nal fr		gyee	одшос				and related
	below	nowedual	nsfilutional	Officer	Kay emplayee	Highest compens employee	Former			organizations
(1) Daniel J. Boszhardt	line)	DU	星	J.	32	星馬	20,			
Chairman of the Board	2,00	,		x					Ö.	
(2) Al Chircop	2,00	X	==	Д	22	-	-	D.		0
President	2.00	x		X				0.	0.	0
(3) Jayne Coyne	2.00	Δ.		Δ		-	-	<u>.</u>		0
Co-Vice President	2.00	x		х				0.	0.	. 0
(4) Liz Nicholson	2.00	^	-		_	-		0.		
Co-Vice President	2.00	x		х				0.	0.	0
(5) Rebecca N. Coke	2,00	_^_	-	^			\vdash			-
Treasurer	2.00	x		х				0 -	٥. ا	0
(6) Steve Melchiorre	2,00	-	-	-	-	-		· ·		· ·
Corporate Secretary	2,00	x		x				0.	٥.	0
(7) Glori Rosenson	2,00	-		-	-					
Executive Vice President		х		x				0.	0.	0
(8) Rt. Rev. Jeffery D. Lee	2.00	_			-			-		
Trustee, Hon. Chair		x				Ιİ		0.	0.	0
(9) Hon. Paul P. Biebel, Jr.	2,00									
Trustee		x		- 1	- 1		Н	0.	0.	0
(10) Brooks Crankshaw	2,00		_		T	-				
Trustee		х			1		- 1	0.	0.	0.
(11) Jacqueline A. Endres	2.00									
Trustee		x	_					0.	0.	0.
(12) Scott Lee	2.00									
Trustee		х						0.	0.	0.
(13) Edwin C. Lennox, Jr.	2.00					7	T			
Trustee		х						0.	0.	0.
(14) David Merjan	2.00									
Trustee		х	- 1					0,	0.	0.
(15) Megan G. Morrissey	2.00									
Trustee		x			1			0.	0.	0.
(16) Andrew Oleszczuk	2.00									
Trustee		x						0.	0.	0.
(17) William Quinlan	2,00						1			
Prustee		x						0.	0.	0.

ĺ

Part VII Section A. Officers, Directors, (A) Name and title	(B) Average hours per week	(de	(C) Position (do not check more than one box, unless person is both an officer and a director/trusteal					(D) Reportable compensation from	(E) Reportable compensation from related organizations		(F) Estimated amount of other	
	(list any hours for related organizations below line)	ledividual musies or director	Institutional trustee	Officer	Key amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		org and	pensation from the anization d related anizations
(18) Hon. Marguerite A. Quinn Trustee	2,00	x						0.		0.		0.
(19) Jeffrey E. Singleton	2,00	-										
Trustee (20) Michael R. Weiner	2.00	Х		-	_			0.		0.		0.
Trustee	2.00	x						0.		0.		0.
(21) Christopher Wilson	2.00											
Trustee		x						0.		0.		0.
(22) James F. Herbison	2,00											
Trustee (thru 5/9/18)		X	_					0.		0.		0.
(23) Karen Mabie	2,00							,		0,		٥
Trustee (thru 3/15/18) (24) Rahul Kapoor	2.00	X		-			-			0,	·	0.
Trustee (as of 3/15/18)	2.00	х	Ш					0.		0.		0.
(25) Christine Torres	2.00	-							14			
Trustee (as of 3/15/18)		X						0.		0.		0.
(26) Shelia York	2.00											
Trustee (as of 5/9/18)		X		_	_	Ц	-	0,		0.		0.
1b Sub-total		******	32	12372	,		3	447,014.		0.	-	32,056.
c Total from continuation sheets to Par d Total (add lines 1b and 1c)								447,014.		0.	-	32,056.
Total number of individuals (including be compensation from the organization	ut not limited to the						rec		000 of reportable			3
3 Did the organization list any former office					ploy	/ee,	or hi	ghest compensated em	ployee on		(18Vq	Yes No
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the	sum of reportable	e co	тре	nsati	юп :	and	othe	•	e organization		4	x
and related organizations greater than \$Did any person listed on line 1a receive											1888	ALLES SALLAN
rendered to the organization? // "Yes." o	•				-			-			5	x
Section B. Independent Contractors												
 Complete this table for your five highest the organization. Report compensation 										ensat	ion fro	m
(A)	of the calcinost ye	ar c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 1010	110	*****		(B)			(0)
Name and busine	ess address	NOI	VE.		_			Description of se	ervices	С	omper	sation
				201				·				
		_		_			-					
						-						
Total number of independent contractors \$100,000 of compensation from the organization.		t lim	nited	to th	1056	e list	ed at	bove) who received mo	re than			

Part VII Section A. Officers, Directors, T. (A) Name and title	(B) Average hours			(Pos	C) sition	ì		(D) Reportable compensation		(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee ar ditector	estimuland meses	Othcer	Key employee	Mignest compensated employee	Former	from the organizatio (W-2/1099-MI:		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Wendy Siegel	2.00										
Prustee (as of 1/18)		X					L		0.	0.	
(28) Nicole Quaisser	2,00									_	
Trustee		X					<u> </u>		0,	0.	
(29) Sam Hill	2.00										
Trustee		X	_		_	_	_		0.	0.	
(30) Mayer Grashin	2.00								ا ۾		
Prustee	10.00	х	-		-	_	-		0.	0.	
(31) Kara Teeple	40,00						7.1	4.50	00.5	_	0.45
Chief Executive Officer	10.00			X	\vdash	<u> </u>		173,	090.		9,45
(32) William Kritchevsky	40.00			.,				165			15.04
Chief Pinancial Officer	40.00			X	-	-		155,	894.	0,	16,04
(33) Elizabeth Wilbarger Vice President of Buman Resources	40.00					x		118	030	0.	6,55
otal to Part VII, Section A, line 1c								447,	01.4		32,05

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from lax under Related or Unrelated Total revenue exempt function business revenue revenue 294.871 Contributions, Gifts, Grants and Other Similar Amounts. 1 a Federated campaigns b Membership dues 1b 193,266 c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 901,254. 6,242. g Noncash contributions included in lines 1g-1f.\$ 1,389,391. h Total, Add lines 1a-1f **Business** Code 2 a Substitute Care Revenu 624100 12,306,634. 12,306,634. Program Service Revenue 2,739,136. 611110 2,739,136. Special Education Reve 1,015,770. Workforce Development 900099 1,015,770, f All other program service revenue 16,061,540. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 688,101 688,101. other similar amounts) income from investment of tax-exempt bond proceeds 4 5 Royalties ... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) . (i) Securities 7 a Gross amount from sales of 1,307,253, assets other than inventory b Less: cost or other basis 0. 1,252,483. and sales expenses 10. c Gain or (loss) 54,780. 54,780. d Net gain or (loss) ... 8 a Gross income from fundraising events (not Other Revenue including \$ _____ 193,266. of contributions reported on line 1c). See 68,551, Part IV, line 18 83,532. b Less: direct expenses -14,981, 14,981. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11.a 75,469 75,469 d All other revenue 75,469. e Total. Add lines 11a-11d 18,254,300. 16,061,540. 803, 369. Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic 1,933,175. 1,933,175. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 348,327. 291,696. 47,585. 9.046. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,326,825. 268,189, Other salaries and wages 8,647,892. 1,410,744. Pension plan accruals and contributions (include 226,150. 7,398. 38,833. section 401(k) and 403(b) employer contributions) 272,381. Q Other employee benefits 1.048,977. 870,935. 149,549. 28, 493, 1,284,024. 1,066,381. 182,789. 34,854. Payroll taxes Fees for services (non-employees): a Management 41,868. 41,868. b Legal 157,656. 157,656. Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 46,702. 46,702. g Other (If line 11g amount exceeds 10% of line 25, 485.042. 202,359, 245,322, 37,361. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 905,705. 714,588. 145,255, 45,862. 13 Office expenses 162,901. 91,375. 31,287. Information technology 40,239. 14 15 Royalties 1,365,468. 1,214,211. 144,995. 6.262. 16 Occupancy 324,277. 303,323. 18, 245. 2,709. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 132,027 101,003, 28,969. 2,055. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 67,072. 128. Depreciation, depletion, and amortization 793,678. 726,478, 22 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If fine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Membership Dues 33,694. 28,250. 2.275. 3,169. e All other expenses 19,662,727. 16,392,735. 2,794,073. 475,919. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and (undraising solicitation. Chock here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 405,206. 1,075,548. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 345,000, 259,562. Pledges and grants receivable, net 3 1,317,959. 1,144,218. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule I Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net 544,114. 467.874. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a 28, 298, 121, basis. Complete Part VI of Schedule D 11,222,402. 17,687,893. 17,075,719. b Less: accumulated depreciation 106 10c Investments - publicly traded securities 8,443,713. 8,478,534. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related, See Part IV, line 11 13 13 14 Intangible assets 14 10,828,447. 11,162,526. 15 Other assets. See Part IV, line 11 15 40,242,674. 38,993,639. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,154,712. 856,803. 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 11,028,232. 10,652,130. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 99 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,122,406. 1,414,221. 25 Schedule D 14 305 350. 12,923,154. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 11,409,529. 11,186,823. 27 Unrestricted net assets 3,087,836. 3,169,624. 28 Temporarily restricted net assets 28 11,439,959. 11,774,038. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 25,937,324. 26,070,485. 33 Total net assets or fund balances 38,993,639. 40,242,674. Total liabilities and net assets/fund balances 34

For	m 990 (2017) Lawrence Hall	36-216	7771	Ра	ιge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	per surpression		450	X				
				254					
1	1 Total revenue (must equal Part VIII, column (A), line 12)								
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3			427,				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25	,937,	324.				
5	Net unrealized gains (losses) on investments	5		529	709.				
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	1	,011,	879.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	26	,070,	485.				
Pa	rt XII Financial Statements and Reporting				_				
	Check if Schedule O contains a response or note to any line in this Part XII	***************************************	174.474474						
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1,500		越以				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	18 V 18	Name of					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	100	i de la					
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	certain in	1050					
	consolidated basis, or both:								
Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		, 2c	X					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		. 3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							

Form 990 (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public

Employer identification number

36-2167771 Lawrence Ball Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 1 The organization is not a private foundation because it is; (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives; (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in ines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type [. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s). that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (vi) Amount of other (III) Type of organization (v) Amount of monetary (i) Name of supported HIN FIN Your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 Lawrence Hall 36-216777 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year heginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not			1		1	
	include any "unusual grants.")	1,642,607.	1,741,270.	1,342,805.	1,497,564.	1,389,391.	7,613,637.
2	ax 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		ì				
4	Total. Add lines 1 through 3	1,642,607.	1,741,270.	1,342,805.	1,497,564.	1,389,391.	7,613,637.
5	The portion of total contributions	THE STATE OF THE S	MILE TO THE THE TANK			ELECTION OF THE PARTY OF THE PA	
•	by each person (other than a						
	governmental unit or publicly				etra de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela		•
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						474,276.
6	Public support, Subvisit line 5 from line 4.				AND NEW YORK	A NAME OF THE OWNER.	7,139,361.
	ction B. Total Support	Life Service MyCarract	SHE SHE DESIGNATION OF THE SE	STATISTICS OF THE PARTY OF THE		Assessment of the second	
	ndar year (or liscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,642,607.	1,741,270.	1,342,805.	1,497,564.	1,389,391.	7,613,637.
	Gross income from interest.						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	732,816.	675,463.	669,699.	605,802,	688,101.	3,371,881.
9	Net income from unrelated business		,		,		
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	•	Ì					
	or loss from the sale of capital	90,269.		51,693,	65,144,	75,469.	282,575.
	assets (Explain in Part VI.)	ASSESSED FOR THE PARTY.		and Christophy Control of the Contro	in a substitution of the	Steel American	11,268,093.
	Total support. Add lines 7 through 18	ate Vaca intelligation		SAME SAME OF THE S		12	86,016,365,
	Gross receipts from related activities,			for the confidence of the same			
13	First five years. If the Form 990 is for	-	virst, second, miro	, lourth, or litth tax	year as a section	(30 ((3)(3)	(m)
Sec	organization, check this box and stop		centage	··· wayaaaa,		- university in the	
	<u></u>	1 1 1 1 1 1 1 1 1		Lucina (C)		14	63.36 %
	Public support percentage for 2017 (lin					19	62.36 %
	Public support percentage from 2016					13	
	33 1/3% support test - 2017. If the o	-					► [V]
	stop here. The organization qualifies a						
	33 1/3% support test - 2016. If the o				ne 15 's 33 1/3%	or more, check im s	S DOX
	and stop here. The organization qualit	, ,				Samuel Market	
	10% -facts-and-circumstances test						
	and if the organization meets the "fact				17.55		
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						—
	organization meets the "facts-and-circu						
18	Private foundation. If the organization	n did not <mark>check a</mark> b	ox on line 13, 16a,	16b, 17a, or 17b.	check this box as	nd see instructions	>

Part III Support Schedule for O	_					- 15 1-11- 1-
(Complete only if you checked to			organization failed	to qualify under F	Part II. If the organiz	ation fails to
Section A. Public Support	low, please com	plete Part II.)				
To the second se	(-) 0040	4.3.0014	1 20015	1-11 0016	(e) 2017	(4) Tatal
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(8) 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						2 .
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		F:		1		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			J			
b Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	-					
8 Public support. (Subtract fine 7c from fine 6.)	AND THE SECOND	THE REAL PROPERTY.	USE COMMISSION		E SALE	
Section B. Total Support	S DECEMBER OF THE PARTY OF THE	The state of the s		-		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for the	ne organization's	first second thin	d fourth or fifth to	v vear as a section	501(c)(3) organiza	ticura
			3, 100rus, 01 mai 10	•	, , , , ,	
Section C. Computation of Public						
15 Public support percentage for 2017 (line		110000000000000000000000000000000000000	olumn (fi)		15	%
16 Public support percentage from 2016 S					16	%
Section D. Computation of Investr						
17 Investment income percentage for 2017			e 13, column (fi)	in consider a service of	17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2017. If the or			on line 14, and line	15 is more than 3		is not
more than 33 1/3%, check this box and	stop here. The	organization qual	ifies as a publicly s	upported organiza	ation	>
b 33 1/3% support tests - 2016 If the or line 18 is not more than 33 1/3%, check						la .
THE LATE OF MORE THAN 33 LLVW COOCK	THE DOX 200 \$1/	in abre the uma		 a runningly smoth 	COURT DISTRIBUTED OF	

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

Page 4

Part IV Supporting Organizations

(Complete only if you checked a pox in line 12 on Part I. If you checked 12a of Part I, complete Sections A and 8. 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 trame 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 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)(8). 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")? # "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)(8) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? # "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
- 7 Did the organization provide a grant, loan, 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 Lof 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. Dig one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 		
3b		(No.)
3c 4a	The latest	
4b		
4c		
5a 5b		
50		
8	ARA	W. V. W
.9a 9b	2-10	MN E
90 9c	nan'i	
10a	, meg	

Sch	nedule A (Form 990 or 990-EZ) 2017 Lawrence Hall	36-2167771	P	aqe 5
Pa	art IV Supporting Organizations (continued)			,
21.00()			Yes	No
<u>`</u> 11	Has the organization accepted a gift or contribution from any of the following persons?	48.480		
á	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	YEVE	1/0800	TARK
	below, the governing body of a supported organization?	11a_	-	
ŧ	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
		Distriction	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1949		E.H.
	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			ME W
	controlled the organization's activities. If the organization had more than one supported organization,			85052F
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	44.62	Wills.	W. L.
	organizations and what conditions or restrictions, if any, applied to such powers during the lax year	1	EXM III	ACCURATE !
2	Did the organization operate for the benefit of any supported organization other than the supported	/49/2014		
	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,		W 3H	950%
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
		0.000	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	572555630	10800	DENESS.
500	the supported organization(s),		L	
360	tion D. All Type III Supporting Organizations		. 1	
	Distille assertion as a fide to each at the constant as a section to the state of the constant at the	1 000000000000000000000000000000000000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the lifth month of the	Mar A		
	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	(ESCAPERA)	Service of the least	SECURE
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	100000000	cious	tellar at
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1/4/		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	50052000	
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	920304	930	HE SV
3	significant voice in the organization's investment policies and in directing the use of the organization's		8333	
	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	210/900004	SATTABLES.
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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		BASS !	
	that these activities constituted substantially all of its activities,	2 <u>a</u>		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	3334.7	Yav	4.15
	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			210
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		118321	SEUT
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	10000	600	
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1300	
	of its supported organizations? # "Yes." describe in Part VI the role played by the organization in this regard	3b_		

Sch	edule A (Form 990 or 990-EZ) 2017 Lawrence Hall			36-2167771	Page 6
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on i	Nov. 20, 1970 (explain in P	art VI.) See instru	ctions.
	other Type III non-functionally integrated supporting organizations must co				
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Y (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6	0		
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Y (optional)	ear
1	Aggregate fair market value of all non-exempt-use assets (see				用相談
_	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	ib			
_ c	Fair market value of other non-exempt-use assets	1c			
	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 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			
Secti	on C - Distributable Amount .			Current Yea	r.
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 1	100		
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			5.0
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	989			
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally	v integrated	Type III supporting organ	ization (see	

Schedule A (Form 990 or 990-EZ) 2017

instructions).

(

	art V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions	373 1 11 2 2		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			<u> </u>
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u> </u>	
Sect	tion 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	Carry As War Stands		
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions.			新说的。据《社会报报》
3	Excess distributions carryover, if any, to 2017		ATTENDED TO THE PARTY OF THE PARTY.	
a				
b	From 2013			Allera Selection of a lay at
С	From 2014		Esta mare la Esta	Zale Wafe Vita distre
d	From 2015			
e	From 2016			REAL PROPERTY.
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
ĵ	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: \$			
а	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	HE IVEN THE SERVE		
	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 3)			
	and 4c.			
8	Breakdown of line 7:	Effet AVI von die World		
а	Excess from 2013			
_b	Excess from 2014			
c	Excess from 2015			
þ	Excess from 2016			
6	Excess from 2017			MANAGEMENT TO SERVED

Schedule A (Form 990 or 990-EZ) 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2. 5, and 6. Also complete this part for any additional information. (See instructions.) edule A, Part II, Line 10, Explanation for Other Income: er Revenue 3 Amount: \$ 90,269. 5 Amount: \$ 51,693.	
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c	c, Part IV, Section 8, lines 1 and 2; Part IV, Section C,
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV. Section 8, lines 1 and 2; Part IV. Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1 and 2; Part IV. Section D, lines 5, 6, and 8; and Part V, Section E, lines 2. 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part II, Line 10, Explanation for Other Income: Other Revenue 2013 Amount: \$ 90,269. 2015 Amount: \$ 51,693. 2016 Amount: \$ 75,469.	
Schedule A, Part II, Line 10, Explanation for Other Income:	
Other Revenue	4
2013 Amount: \$ 90,269.	·
2015 Amount: \$ 51,693.	
2016 Amount: \$ 65,144.	
2017 Amount: \$ 75,469.	
	<u>-</u>

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

36-2167771 Lawrence Hall Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a. or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received ponexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 8 (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on fine H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the fiting requirements of Schedule B (Form 990, 990-EZ, or 990-PF) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Employer identification number

Lawrence Hall	36-2167771

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way of Metropolitan Chicago 333 South Wabash Avenue Chicago, IL 60604-4107	\$ 173,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Julius N. Frankel Foundation 111 West Monroe Street c/o BMO Harris Bank NA Chicago, IL 60603	\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	The Reva and David Logan Foundation 980 North Michigan Avenue, Suite 1122 Chicago, IL 60611	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Paul M. Angell Family Foundation 4140 West Fullerton Avenue Chicago, IL 60639	\$ 45,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Anonymous Donor	\$ 35,089.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP ≠ 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Lawrence Hall

36-2167771

Part II	Noncash Property (see instructions). Use duplicate copies of R	'art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

wrence		ribulings to proaditations donnibad t	36-2167771 n section 501(c)(7), (8), or (10) that total more than \$1,000 f				
ant m	the year from any one contributor. Complete	columns (a) through (a) and the follow	VIDO LIDE 600V. For prognizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or I	ess for the year (Enter this into once.)				
a) No.		4					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			- - , 				
-		(e) Transfer of gift					
		(1)					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(4), 10,000	(,, ===================================	(1,755)				
[]							
-							
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
÷	Transferee's name, address, ar	nd ZIP +-4	Relationship of transferor to transferee				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
- - -) No.							
) No.	Transferee's name, address, an	(c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held				
rom							
rom		(c) Use of gift					
rom		(c) Use of gift					
rom		(c) Use of gift	(d) Description of how gift is held				
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
rom		(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
rom lart I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
om art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held				
rom lart I	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee				
om art I	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee				
om art I	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee				
INO.	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift d ZIP + 4 (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held				
No.	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held				
No.	(b) Purpose of gift Transferee's name, address, an	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and Cibelow, Do not complete Part I 8.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 5	01(c)(4), (5), or (6) organiza	tions: Complete Part III,			
Nar	me of orga	nization			Empl	oyer identification number
		Lawrence H				36-2167771
Pa	art I-A	Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 or	ganization.
2	Political of	campaign activity expendi	zation's direct and indirect polit lures		> \$	
Pa	art I-B	Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
1	Enter the		incurred by the organization un			
2	Enter the	amount of any excise tax	incurred by organization mana	gers under section 4955	5	
3	If the orga	anization incurred a sectio	on 4955 tax, did it file Form 472	0 for this year?		Yes No
48	Was a co	rrection made?				Yes No
) [("Yes," (describe in Part IV.				
TIMO			anization is exempt un		·	·· <u>·</u>
			d by the filing organization for s			_
2			ization's funds contributed to d	•		
_			Addition of an IO Estadou			
3			. Add lines 1 and 2. Enter here			
4	Did the fit	una organization file Form	1120-POL for this year?		Notice that the state of the st	Yes No
			aployer identification number (E			
J	made pay	ments. For each organiza	tion listed, enter the amount pa	id from the filing organi	ization's funds. Also enter the	amount of political
			omptly and directly delivered to additional space is needed, pro			segregated (und or a
	political a				-¬	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization of nome, enter -0:
_					-	
-						

Schedule C (Form 990 or 990 EZ) 2017 Part II-A Complete if the ord	Lawrence Hall	nt under an atlan	50+10V0\ and 600			
section 501(h)).	janization is exem	pt under section	SUT(C)(S) and the	3 FOITH 5766 (e)e	ction under	
	tion belongs to an affilia	eted group (and list in t	Part IV each affiliated o	roup member's name	address FIN	
	re of excess lobbying ex		-arriv each annateo g	houp members name	s. 4001855, Cit4,	
	ition checked box A and	,	isions apoly.			
Limi	ts on Lobbying Expenditures" means amoun	ditures	SIS-15 45P).	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	ence public opinion (gr	ass roots lobbying)	OVACULATION DESCRIPTION AND A	0.		
b Total lobbying expenditures to influ		, , ,		78,000.		
c Total lobbying expenditures (add li	nes 1a and 1b)			78,000.		
d Other exempt purpose expenditure				16,417,460.		
e Total exempt purpose expenditure				16,495,460.		
f Lobbying nontaxable amount. Ente		974,773.				
If the amount on line 1e, column (a) o	(b) is: The lobb	ying nontaxable amou	int is:			
Not over \$500,000	20% of th	e amount on line 1e.	3		n 5768 (election under ember's name, address, EIN, ember's name, address, ember's n	
Over \$500,000 but not over \$1,000	\$100,000	plus 15% of the exces	s over \$500,000			
Over \$1,000,000 but not over \$1,56	00,000 \$175,000	plus 10% of the exces	s over \$1,000,000.			
Over \$1,500,000 but not over \$17,0	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000.00	00.				
Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 243,693 h Subtract line 1g from line 1a. If zero or less, enter -0-						
g Grassroots nontaxable amount (ent	ter 25% of line 1f)			243,693.		
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				<u> </u>	
ì Subtract line 1f from line 1c. If zero	or less, enter -0	,	<u>L</u>	0.		
j If there is an amount other than zer	o on either line 1h or lin	e 1i, did the organizati	on file Form 4720			
reporting section 4911 tax for this y	/ear?	·			Yes No	
(Some organizations th	at made a section 501	aging Period Under so (h) election do not ha e instructions for line	ve to complete all of	the five columns be	low.	
	Lobbying Expend	itures During 4-Year	Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	967,909.	968,334.	974,173.	3,911,016.	
6 Lobbying ceiling amount						
(150% of line 2a, column(e))					5,866,524.	
c Total lobbying expenditures	48,000.	62,500.	75,000.	78,000.	263,500.	
d Grassroots nontaxable amount	250,000.	241,977.	242,094.	243,693.	977,754.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,466,631.	
		ĺ				

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(1	3)	(b)		
of the lobbying activity.	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:	nto in the				
a Volunteers?			. 16.51		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
Total. Add lines 1c through 1i	201000	100 C			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b if "Yes," enter the amount of any tax incurred under section 4912	Ender of				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?				4	
Part III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or sec	ction		
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?				-	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B. Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members			III-A, line	9 3, IS	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		WE WO			
expenses for which the section 527(f) tax was paid).	(ICa)				
		20			
a Current year					
b Carryover from last year				_	
c Total					
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		17/0/2017			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		200			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		F1957200			
expenditure next year?					
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	eriani, distant	5			
		2			
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part II-A	I, lines 1 a	nd 2 (see		
structions), and Part II-B, fine 1. Also, complete this part for any additional information.					

SCHEDULE D

(Form 990)

Decartment of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Schedule D (Form 990) 2017

Employer identification number Name of the organization 36-2167771 Lawrence Rall Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered Yos" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 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 Number of conservation easements on a certified historic structure included in (a) 2c d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 🕨 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. bill the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Scl	nedule D (Form 990) 2017 Lawrence Re	:11					36-21	57771	F	age 2
	art III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Othe	r Simila	Asset	S (conti		
3	7.16 40									
	(check all that apply):					_				
	Public exhibition		Loan or exc	change progra	ms					
1	Scholarly research			30.8 (2.3.9)						
	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further th	he organizatio	n's exer	npt purpo:	se in Part	XIII.		
5	During the year, did the organization solicit of			_						
	to be sold to raise funds rather than to be ma						_	Yes] No
Pa	art IV Escrow and Custodial Arrang						. Part IV.		· ·	
_	reported an amount on Form 990, Par		- i no organization		00	,	,			
1:	Is the organization an agent, trustee, custodia		iary for contribution	s or other ass	ets not	included				_
	on Form 990, Part X?						[Yes		7 No
۲	If "Yes," explain the arrangement in Part XIII a					······································		1 ,63	-	
`	Too, explain the arrangement in the Ame	and complete the lo	lowing table.					Amoun	+	
0	Bacinous halance					1c		Philida		_
	• • • • • • • • • • • • • • • • • • • •									
C	V									_
•	ψ ,							_	-	
f	Ending balance		one on this contract	inar orožaji (neo		. [1f]	r-	1		7
2a	•					ту?	با ،	Yes	\vdash	No
	If "Yes," explain the arrangement in Part XIII.									J
Fa	rt V Endowment Funds. Complete if				1					
		(a) Current year	(b) Prior year	(c) Two years	100000	(d) Three y				
1a		6,788,724.	6,325,863,	6,380	,142.	6,85	59,381.	5,	,985,	754.
b	Contributions									
c	Net investment earnings, gains, and losses	289,057.	462,861.	-54	,279.		79,152.		967,	259.
d	Grants or scholarships									
е	Other expenditures for facilities				- 4					
	and programs			10 =		55	8,391.		93,	632.
f	Administrative expenses									
g	End of year balance	7,077,781.	6,788,724.	6,325	863.	6,38	0,142.	6,	859,	381.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	53.48	%							
b	Permanent endowment > 8,64	%	-10							
С		37.88 %								
·	The percentages on lines 2a, 2b, and 2c should									
32	Are there endowment lunds not in the posses	•	tion that are hold on	d administers	d for th	o organiza	tion			
Ja		sion of the organiza	don that are neld an	o administere	a ioi tii	e Organiza	LIOI I	[Van	No
	by:							0-43	Yes	Νο
	(i) unrelated organizations							3a(i)	-	X
								3a(ii)	_	
	If "Yes" on line 3a(ii), are the related organization			************	2017/00/2015			35		
Do:	Describe in Part XIII the intended uses of the c		vment funds.	_					_	
Pai	ESCALO MED									
	Complete if the organization answered									
	Description of property	(a) Cost or of		or other		comulated	3	(d) Bool	s value	е
	<u> </u>	basis (investm	ient) basis (dep	reciation	32.00			
1a	Land			94,408.	BALL	in the second		-		408.
b	Buildings		25,	554,928.		9,106,4	33.	16,	448,	495.
С	Leasehold improvements									
	Equipment		2,	274,186.		1,748,4	01.		525,	785.
	Other		* **	374,599.		367,5	68.		7,	031.
									$\overline{}$	

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line	ost or end-of-year market value
	(b) Book value	(c) Metriod of Valuation. Co	ost of end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		-	
_(A)			
(8)			
_(C)			
(0)			
(E)			
(5)			
(G)			
		was at a context of the budget	Mary toward transaction in
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			H STALL WILLIAM WALLS BY
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value		13. st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (h) must equal Form 990, Part X, col. (B) line 13.)			
Tetal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	Form 990, Part IV, line	a 11d. See Form 990, Part X, line 1	5.
Part IX Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 1	5. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De	escription	a 11d. See Form 990, Part X, line 1	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus	escription	a 11d. See Form 990, Part X, line 1	
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2)	escription	a 11d. See Form 990, Part X, line 1	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3)	escription	a 11d. See Form 990, Part X, line 1	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4)	escription	a 11d. See Form 990, Part X, line 1	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5)	escription	e 11d. See Form 990, Part X, line 1	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6)	escription	2 11d. See Form 990, Part X, line 1	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7)	escription	a 11d. See Form 990, Part X, line 1	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8)	escription	a 11d. See Form 990, Part X, line 1	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9)	escription t.		(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) [otal. (Column (b) must equal Form 990, Part X. col. (B) line 1: Part X. Other Liabilities.	escription t.		(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on	escription t.	: 11e or 11f. See Form 990, Part X	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X. col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability	escription t.		(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X. col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes	escription t.	: 11e or 11f. See Form 990, Part X (b) Book value	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) Accrued Pension Liability	escription t.	11e or 11f. See Form 990, Part X (b) Book value 1,405,062.	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) Accrued Pension Liabilities	escription t.	: 11e or 11f. See Form 990, Part X (b) Book value	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) Accrued Pension Liabilities (4)	escription t.	11e or 11f. See Form 990, Part X (b) Book value 1,405,062.	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line 1: Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) Accrued Pension Liabilities (4) (5)	escription t.	11e or 11f. See Form 990, Part X (b) Book value 1,405,062.	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Part X Other Liabilities. Complete if the organization answered "Yes" on (a) Description of liability (1) Federal income taxes (2) Accrued Pension Liabilities (4)	escription t.	11e or 11f. See Form 990, Part X (b) Book value 1,405,062.	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 1: Part X. Other Liabilities. Complete if the organization answered "Yes" on (a) Description of Rability (1) Federal income taxes (2) Accrued Pension Liability (3) Other Liabilities (4) (5) (6) (7)	escription t.	11e or 11f. See Form 990, Part X (b) Book value 1,405,062.	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990. Part X. col. (B) line 1: Part X. Other Liabilities. Complete if the organization answered "Yes" on (a) Description of Rability (1) Federal income taxes (2) Accrued Pension Liability (3) Other Liabilities (4) (5) (6)	escription t.	11e or 11f. See Form 990, Part X (b) Book value 1,405,062.	(b) Book value 11,162,
Part IX Other Assets. Complete if the organization answered "Yes" on (a) De (1) Beneficial Interest in Irrevocable Trus (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990. Part X. col. (B) line 1: Part X. Other Liabilities. Complete if the organization answered "Yes" on (a) Description of Rability (1) Federal income taxes (2) Accrued Pension Liability (3) Other Liabilities (4) (5) (6) (7)	escription t.	11e or 11f. See Form 990, Part X (b) Book value 1,405,062.	(b) Book value 11,162,

Part XI Reconciliation of Revenue per Audited Financial Stat	tements With F	Revenue per Re	turn.	Page 4
Complete if the organization answered "Yes" on Form 990, Part IV, lin		, , , , , , , , , , , , , , , , , , , ,		
			1	19,816,961.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	A A DESCRIPTION OF THE OWNER, THE	***************************************		
a Net unrealized gains (losses) on investments	2a	529,709.	71 (17.1) (1.0)	
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	التاسا	1,032,952.		
e Add lines 2a through 2d			2e	1,562,661.
3 Subtract line 2e from line 1			3	18,254,300.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			38007	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		新疆	
b Other (Describe in Part XIII)				
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	18,254,300.
Part XII Reconciliation of Expenses per Audited Financial Sta			Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a			
1 Total expenses and losses per audited financial statements			1	19,683,800.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b		Marie 2	
c Other losses	2c			
d Other (Describe in Part XIII.)	2d	21,073,		
e Add lines 2a through 2d			2e	21,073.
3 Subtract line 2e from line 1		dentant marine.	3	19,662,727.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			(B5)(1)	_
c Add lines 4a and 4b			4c	0,
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part J. line 18.			5	19,662,727.
Part XIII Supplemental Information.	2 3 2 2 2 3 3 3 3 3		_	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		-	, Part X, I	ne 2; Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional informa	ilion.		-
Part V, line 4:				
7 ALIO 15,			-	
Funds designated as "quasi-endowment" funds on Line 2a in this	section are			
unrestricted earnings on these investments are withdrawn annua	ally to fund			
programmatic operations while the principal and gains and loss	ses thereon			
remain invested subject to discretionary action by management	to use the			
funds, as needed, for programmatic or capital initiatives. Sim	milarly,			
funds designated as "term endowment" funds on Line 2c in this	section are			
unrestricted as to purpose, and earnings on these investments	are also			
withdrawn annually to fund programmatic operations while the p	rincipal and			
gains and losses thereon remain invested. These funds are cons	idered			
temporarily restricted as to timing, and action by the organiz	ation's			
Board of Trustees in a manner consistent with UPMIFA standards	of prudence			

Schedule D (Form 990) 2017 Lawrence Hall	36-2167771	Page 5
Part XIII Supplemental Information (continued)		
Part XII, Line 2d - Other Adjustments:		
Idle Property Expenses 21,073,		
		0
1 + + 1		
		-

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization	GO TO WWW. II S. QUVII OII II 930	101 (11	e late	of thou detrono.	Er	mployer ide	ntification number
Lawrence H	all				_	36-216777	71
Part I Fundralsing Activities required to complete this par	Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV, I	line 17. F	orm 990-EZ	filers are not
Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations in-person solicitations a Did the organization have a written of	e Solicita f Solicita g Special	tion of tion of fundra	non-g gover Bising	overnment grants nment grants events			
key employees listed in Form 990, P b II "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the	viduals or entities (fundraisers) pursu			-	ne fundra	Yes aiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraise (iv) Gross receipts to (c			to (or re	Amount paid or retained by) fundraiser ted in cot. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
				-			
		-					
		-		-			
					-		
					L		
				_			
						-	
			v	-	-		
List all states in which the organization or licensing.	n is registered or licensed to solicit c		itions	or has been notified	it is exer	npt from reg	gistration

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Sc	hedi	ule G (Form 990 or 990-EZ) 2017 Lawrence		· · · · · · · · · · · · · · · · · · ·		5-2167771 Page 2	
P	art	If Fundraising Events. Complete if of fundraising event contributions and contributions.					
-		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000.	
			(a) Cvent #1	Lucky Charm	None	(d) Total events	
			Fall Fete Dinner		Motte	(add col. (a) through	
				Reception	Acrel work - A	col. (c))	
0	2		(event type)	(event type)	(total number)		
Seven in			574 745	00.350		444 0.0	
á	1	Gross receipts	241,467.	20,350.		261,817.	
			Year . State			****	
	2	Less Contributions	173,416,	19,850.		193,266.	
			4				
-	3	Gross Income (line 1 minus line 2)	68,051,	500.		68,551.	
	4	Cash prizes					
	5	Noncash prizes					
Ses			10.000				
pec	6	Rent/facility costs	4,900.			4,900.	
Direct Expenses	[
ect	7	Food and beverages	25,193.	5,568.		30,761.	
ă							
	8	Entertainment					
	9	Other direct expenses		326,		47,871.	
	10	Direct expense summary. Add lines 4 throug	th 9 in column (d)			83,532.	
DA.	11					-14,981.	
Pa	ırt I	200	answered "Yes" on Form	990, Part IV, line 19, or re	eported more than		
	-	\$15,000 on Form 990 EZ, line 6a.					
ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
and			(=, =5	bingo/progressive bingo		cc (a) through col. (c))	
Revenue							
	1	Gross revenue					
en.	2	Cash prizes					
Se Se							
ଶ୍ମ	3	Noncash prizes					
Direct Expanses							
rec	4	Rent/facility costs					
ā							
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No	No	No		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>		
		,	3550000000				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
			100				
9	Ente	er the state(s) in which the organization condu	icts gamino activities:				
		ne organization licensed to conduct gaming a				Yes No	
		lo " explairi:		27252.5 1)10(011.0±(0000000	areas and the second		
10.0	War	e any of the organization's gaming licenses re	evoked suspended or les	minated during the law us	nar?	Yes No	
				The state of the s	Trd	100110	
b If "Yes," explain							
	-						

Schedule G (Form 990 or 990 EZ) 2017 Lawrence Hall	36-2	167771	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 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
13 Indicate the percentage of gaming activity conducted in:		v 11	
a The organization's facility		13a	9,
b An outside facility		13b	9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco			
Name			_
Address ►			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the ar	nount		
of gaming revenue retained by the third party > \$			
c 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			
47 Mandalon did the diame			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		□ vos	∏ No
retain the state gaming license?	., ,	L res	140
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	, in the		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lin	es 9 9h 10	<u>-</u> ხ 15ხ
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rattin, der	65 3, 30, 10	0, 130,
		•	
			_
			-

Schedule G [Form 990 or 990 EZ] Lawrence Hall Part IV Supplemental Information (continued)	36-2167771	Page
Part IV Supplemental Information (continued)		
	-	
		

ê [Employer identification number Open to Public OME No. 1945-0047 Inspection (h) Purpose of grant 36-2167771 or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ■ Go to www.irs.gov/Form990 for the latest information. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▼ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section (if applicable) General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Lawrence Rall 1 (a) Name and address of organization or government Name of the organization Capartment of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part Q

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Friter total number of other organizations listed in the line 1 table	Schedule I (Form 990) (2017)
N	g	P

Part III

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Lawrence Hall

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

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Page 2

36-2167771

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Specific Assistance to Chemis	806	1,119,403.	0		
Foster Care Room & Board	226	813,772.	0.		
			5		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b): and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b): and any other ad	ditional information.	

Part I, Line 2:

The Agency works with the Illinois Department of Children and Family

Services to monitor the use of funds and support to clients and foster

parents, Room and Board payments are passed through to foster parents based

on the total amount provided by DCFS. Specific assistance is paid based on

a ratable approach where program staff prepare check requests for the

foster payments. The Agency bills DCFS for the specific assistance payments

paid out during the month and discrepancies are reviewed and corrected.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Lawrence Hall

Employer identification number

OMB No. 1545-0047

36-2167771

P	art I Questions Regarding Compensation			
			Yes	No
18	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	SKO	N. S.	1000
	Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.	15 6		
	First-class or charter travel Housing allowance or residence for personal use			Sheet.
	Travel for companions Payments for business use of personal residence			0.5
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			No.
	Discretionary spending account Personal services (such as, maid, chauffour, chef)		100	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		Elik	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				357.00
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study	W 7/8	1100	
	X Approval by the board or compensation committee		15350	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling			J. Y
	organization or a related organization:	200		
a	Receive a severance payment or change-of-control payment?	4a	_ :	X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	46		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	10 day 10		
	contingent on the revenues of:			
а	The organization?	5a	پريد	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	31.00	MEN	20118
а	The organization?	6 <u>a</u>		X
þ	Any related organization?	6b	100000	X
	If "Yes" on line 6a or 6b, describe in Part III.		et lad	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonlixed payments	2500		NAME OF
	not described on lines 5 and 6? If "Yes," describe in Part III	7	177	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	DKO:	(FILE)	gliki
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	LESS!	340	No. of Street,
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Lawrence Ball
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(O)-(i)(g)	in column (B) reported as deferred on prior Form 990
(1) Kara Teeple	ε	173,090.	0.	0,	7,000.	2,458.	182,548.	0
Chief Executive Officer	€	0	0	0.	0	.0	0.	٥.
(2) William Kritchevsky	€	155,894.	0.	0.	6,529.	9,517.	171,940.	0.
Chief Financial Officer	(ii)	0.	0	0.	0	0	0	o o
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 Lawrence Ball	36-2167771 Page 3
Practic Journation in the property of descriptions remained for Dad Lines to 1h 3 da 4h dr. to 5h Ro Sh 7 and 8 and for Dad II Also not not accomplete this core for not additional information.	softwared in a software line and a soon
From the morning of the second	part of any additional mornauon.
	7100 (000) mod 1 (Com 000) 2017
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Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered *Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULEX (Form 990)

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OMB No 1542-0047 2017 Open to Public Inspection

Yes No Yes No (g) Defeased (h) On behalf (i) Pooled financing Employer identification number of ISSUer × 36-2167771 ŝ × Yes used for Campus Renovatio (f) Description of purpose Refunding of 2006 Bond Go to www.irs.gov/Form990 for instructions and the latest information. 12,100,000. (e) Issue price (d) Date issued 08/14/14 See Part VI for Column (f) Continuations (c) CUSIP # 45200BJ90 (b) Issuer EIN 86-1091967 Lawrence Hall A Illinois Finance Authority (a) issuer name Name of the organization Bond Issues Part

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Part II Proceeds		Š.						
	Æ		8		0		a	
1 Amount of bonds retired		705,259.						
2 Amount of bonds legally defeased		-						
	12,	12,100,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
:	11,	11,666,812.						
,		135,000.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								7
11 Other spent proceeds		298,188.						
12 Other unspent proceeds								
13 Year of substantial completion		2008						
	Yes	No	Yes	No.	Yes	No	Yes	No
14 Were the bands issued as part of a current refunding issue?	×							
15 Were the bonds issued as part of an advance refunding issue?		×						

Are there any lease arrangements that may result in private business use of bond-financed property?

Was the organization a partner in a partnership, or a member of an LLC,

which owned property financed by tax-exempt bonds?

N

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2017

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Yes

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Yes

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Yes

Yes

× ×

Doors the organization maintain adequate books and records to support the tinal allocation of propessor?

Part III Private Business Use

Has the final affocation of proceeds been made?

9

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× 2

×

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Lawrence Hall
2017
n 990) 2017
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Schedule K

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36-2167771

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Page 2 % ŝ ŝ ۵ Yes Yes % % % % Ş ŝ Yes Yes % % % % ŝ ŝ Yes Yes % % % % ŝ Š × M × × × × × × × Yes Yes × Ä Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? Enter the percentage of financed properly used in a private business use as a result of if "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed Has there been a sale or disposition of any of the bond-financed property to a non-If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government. bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Requisitions sections 1.141-12 and 1.145-27 If "No" to line 1, did the following apply? business use of bond-financed property? Part III Private Business Use (Continued) is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? c Term of hedge 1 141-12 and 1.145-27 Total of lines 4 and 5 b Exception to rebate? Rebate not due yet? c No rebate due? ... b Name of provider Part IV Arbitrage performed C σ o ü 43 83 ø 8 ဖ 6 N 3 s 4

Schedule K (Form 990) 2017

e Was the hedge terminated?

732122 10-18-17

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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Employer identification number

OMB No. 1645-0047

Department of the Treasury nternal Revenue Service

Open to Public Inspection

Lawrence Hall	36-2167771
Form 990, Part I, Line 1, Description of Organization Mission:	
Lawrence Hall is a not-for-profit child welfare agency established to	
assist, through a seamless delivery of Services, at-risk youth and	
their families, to develop the self-worth, knowledge, and skills they	
need to lead independent and productive lives.	
Form 990 Part III, Line 4a, Description of Program Service:	
In FY:8 the Lawrence Hall continuum of care offered results-oriented	
treatment and therapeutic services to over 425 youth and 250 families	
throughout the Poster Care, Residential Treatment and Older Adolescent	
Programs. Youth and their families access evidence-based	
results-oriented treatment programs and supportive services including	
mental and behavioral health care, medical and wellness services,	
therapeutic recreation and expressive therapies (art, music, pet	
therapy, and horticulture) services, family therapy and case	
management, civic engagement and volunteerism, LCBT support services.	
and spiritual development. Our service model offered in a stable and	
caring environment, addresses trauma, promotes attachment and bonding,	
and supports the family connection while teaching youth the	
self-management skills necessary in order to life successful,	
independent lives,	
Form 990, Part III, Line 4b, Description of Program Service:	
Im FY18 Lawrence Hall Therapeutic Day School (Chicago Campus) educated	
nearly 97 students with emotional challenges, behavioral disorders and	
learning disabilities that inhibit success in their local public school	

Schedule O (Form 990 or 990-EZ) (2017)	Paqe :
Name of the organization Lawrence Hall	Employer identification number 36-2167771
transactions.	
Form 990, Part VI, Section B, Line 15:	
The Review Committee, composed of the Chairman, President, and	
President-elect of the Board of Trustees of the Agency and the Chairman of	
the Personnel Committee, will review and approve the compensation	
arrangements for disqualified persons (voting members of LH'S Board of	
Trustees, Chief Executive Officer, Executive Vice President-Program,	
Executive Vice President-Finance, Executive Vice President-Administration,	
any individual/entity that contributes in excess of 2% of the	
organization's annual contribution (significant contributor)) on an annual	
basis in conjunction with annual salary adjustments or more frequently, as	
needed, in conjunction with any other proposed compensation transactions.	
Such review and approval will be conducted in advance of implementation of	
the compensation adjustment. Such review and approval will be based on	
comparable compensation data relevant to the disqualified person's position	
and function with the Agency, Such review and approval will be	
appropriately documented as a matter of record in the minutes for the	
Review Committee meeting at which the review takes place.	
Form 990, Fart VI, Section C, Line 19:	
The organization currently makes its annual financial statements available	
to the public by posting on the Agency's website. Governing documents and	
the Conflict of Interest policy are not posted on the website but would be	
provided upon request. All documents are made available pursuant to the	
disclosure requirements of section 6104(d).	
Form 990, Part XI, line 9, Changes in Net Assets:	

Schadule (Form 990 or 990-E2) (2017)		
Name of the organization Lawrence Hall		Employer identification number 36-2167771
Pension-Related Changes	698,873.	
renaion-ketacea Chenges	670,073.	
Increase in Value of Beneficial Interest	334,079.	
Idle Property Expenses	-21,073.	
Total to Power 990, Pant VI. Line 9	1 012 070	
Total to Form 998, Part XI, Line 9	1,011,879.	
	<u> </u>	

For Office Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL	REPORT		Form AG990-I
PMT#	Attorney General LISA MADIGAN State of II Charitable Trust Bureau, 100 West Rando		0 # 01-	Revised 3/0 021911
	11th Floor, Chicago, Illinois 60601	ì		all items attached;
AMT	Report for the Fiscal Period:	To	-	IRS Return Financial Statements
	Beginning 07/01/2017	Make Checks La Payable to		Form IFC
INIT		the Illinois Charity		Annual Report Filing Fed
	& Ending 06/30/2018	Bureau Fund	\$100.00	Late Report Filing Fee
Federal ID # 36-2167771	MO DAY YR	MAN DELL'AND		MO DAY YR
Are contributions to the organization	tax deductible? X Yes No Date 0	rganization was cre Year-end	aled;	12/21/1874
NAME Lawrence Hall		amounts		
MAIL		A) ASSETS	A) \$	38,993,639
ADDRESS 2737 W Peterso	on Avenue	8) LIABILITIES	8) \$	12,923,154
CHY, STATE Chicago, IL		C) NET ASSETS	C) \$	26,070,485
ZIP CODE 60659-3927	DEVENUE ITEMS DUDING THE VEAC	PENOCHETA OF		ALCOHOL:
	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE 95.537	, DV C	AMOUNT 17,519,482
E) GOVERNMENT GRANTS	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		6 D) \$	17,313,402
F) OTHER REVENUES	& MEMBERSHIP DUES	4.4639		818,350
T OTHER THE VENOES			.,,,,	
G) TOTAL REVENUE, INCOM	E AND CONTRIBUTIONS RECEIVED (ADD D. E, & F)	100 %	6 G)\$	18,337,832
II. SUMMARY OF ALL I	EXPENDITURES DURING THE YEAR:			
 H) OPERATING CHARITABLE 	PROGRAM EXPENSE	82.9379	6 H) \$	16,392,735
I) EDUCATION PROGRAM S	ERVICE EXPENSE		6 1) \$	
J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	82.937	J) \$	16,392,735
J1)OINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDED IN J):	1,	34.4	
K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS		6 K) \$	
L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	82,937%	6 L) \$	16,392,735
M) MANAGEMENT AND GENE	ERAL EXPENSE	14,136 %	6 M)\$	2,794,073
N) FUNDRAISING EXPENSE		2,926 %	6 N) \$	578,417
O) TOTAL EXPENDITURES TO	HIS PERIOD (ADD L, M, & N)	100 %	6 0)\$	19,765,225
	AID FUNDRAISER AND CONSULTANT ACTIVITIES: tof Individual Fundraising Campaign- Form IFC. One for each PFR.) S:			
P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAISERS	100 %	(P) \$	0
0) TOTAL FUNDRAISERS FEE	S AND EXPENSES	9/	O) \$	
R) NET RECEIVED BY THE CH	Wist Carlo	9/	R) \$	NES VIKO LES NE
,	SCONSULTANTS: PROFESSIONAL FUNDRAISING CONSULTANTS THE (3) HIGHEST PAID PERSONS DURING THE YEA	AR:	S) \$	0.
	ple, Chief Executive Officer		T) \$	173,090.
	Kritchevsky, Chief Financial Officer		U) \$	155,894.
	Wilbarger, Human Resources		V) \$	118,030.
	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY S EXPENDED CODE CATEGORIES	0)		CODE
W) DESCRIPTION: Housing X) DESCRIPTION: Supervi Y) DESCRIPTION: Foster			W)#	130
X) DESCRIPTION: Supervi	sed Independent and Transitional Living		X) #	300
A) DESCRIPTION, FORCEL	Care Programs for Youth		Y) #	300

IF	THE ANSWER TO ANY OF THE FOLLOWI	NG IS YES, ATTACH A	DETAILED EXPLANATION:		YES !	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT AC	TION, FINE, PENALTY OR JUDGN	NENT?	. 1.	2.55	x
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUS	TEE, OFFICER OR EMPLOYEE THI	ereof, ever been convicted by any			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OF	R MISAPPROPRIATION OF FUND	S OR ANY FELONY?	2.	gribing (to	Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTI DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS I DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL IN ANYTHING OF VALUE NOT REPORTED AS COMPENSATION	T A PARTY TO ANY TRANSACTIO TEREST; OR DID ANY OFFICER, D	IN IN WHICH ANY OF ITS OFFICERS, DIRECTOR OR TRUSTEE RECEIVE	3.		х
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE ST	TOCK IN WHICH ANY OFFICER, D			430	x
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NA OR ORGANIZATION?	With the Table of the Hill Continuence of the Con-		. 5.		x
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESS	SIONAL FUNDRAISER? (ATTACH	FORM (FC)	6.	ehopte	X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLI BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSE			. 7.		x
7b	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOI ALLOCATED TO PROGRAM SERVICES \$ GENERAL \$; AND (iv) THE AG	; (iii) THE AMOUNT	ALLOCATED TO MANAGEMENT AND			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS F	OR PURPOSES OTHER THAN RE	STRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATI REVOKED BY ANY GOVERNMENTAL AGENCY?	reserved to the first in the balls of The defect.		9.		x
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KI COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?			10.		х
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUT THREE LARGEST ACCOUNTS:	TIONS WHERE THE ORGANIZATIO	ON MÁINTAINS ITS			
	Fifth Third Bank, 222 S. Riverside Plaza	, 29th Fl, Chicago, IL	60606			
	William Blair, 222 W. Adams Street, Chica	ago, IL 60606				
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: WI	lliam Kritchevsky – 8	72-241-8180			
ALL	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INS	TRUCTIONS				= 11
DOCUI LLINC	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLAR MENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS DIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE E TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE	AND THE FACTS THEREIN STAT PEOPLE OF THE STATE OF ILLIN	ED ARE TRUE AND COMPLETE AND FILED IOIS RELY THEREUPON. I HEREBY FURTH	MITH TH	IE.	D
		eeple, CEO	1ava Jeogle	05	100/	9
1	MONTHS OF YOUR FISCAL YEAR END.	NT or TRUSTEE (PRINT NAME)	SIGNATURE	0.5	1091	ATE 19
3.) F	REPORTS THAT ARE LATE OR	rcop, Board Pres. RER OF TRUSTEE (PRINT NAME)	SIGNATURE		/ 1	ATE:
	B100.00 PENALTY, Rebekul	b Elev	Rebatuh Etey		05/07/	2019

798101

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending JUN 30, 2018

2017 Open to Public Inspection

Department of the Treasury nternal Revenue Service

A For the 2017 calendar year, or tax year beginning JUL 1, 2017

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.

В	Check if applicable:	C Name of organization			D Employer ide	entifica	tion number	
	Address change	Lawrence Rall						
	Name change	Doing business as			3	6-216	7771	
	initie! return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone nu	mber		
	Final	2737 W Peterson Avenue			(7	731728	3-2807	
	lermin-	City or town, state or province, country, and Z	IP or foreign postal code ,		G Gross/ecopts \$		19,590,31	5.
	Amende refurn	Chicago, IL 60659-3927			H(a) Is this a gro	up retu	im	
	Applica	F Name and address of principal officer, Kara 1	reeple		for subordi	nates?	Yes X N	ю
_	pending	4833 N Francisco Avenue, Chicago, II	. 60625		H(b) Are all subordin	ates inclu	uded7 Yes N	ю
			(insert no.) 4947(a)(1)	01 527	If "No," atta	ich a lis	st. (see instructions)	
-		www.lawrencehall.org			H(c) Group exer	nption	number >	_
			ociation Other	L Year	of formation: 1874	M S	State of legal domicite; I	li
Р	_	Summary						
4	1 B	rielly describe the organization's mission or most si	ignificant activities: See Se	hedule O				
Governance	_							_
Ē	2 C	heck this box if the organization discont	nued its operations or dispos	sed of more	than 25% of its ne	t asset		
Ş	3 N	umber of voting members of the governing body (P		,		3		28
		umber of independent voting members of the gove				4		28
S	5 To	otal number of individuals employed in calendar yea				5	3:	10
viţi.	6 To	otal number of volunteers (estimate if necessary)	(сисого опо-ити-ми н ити			6	4	00
Activities &	7 a To	otal unrelated business revenue from Part VIII. colu	mn (C), line 12		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a		0.
	_b N	et unrelated business taxable income from Form 98	90-T, line 34			7b		0.
					Prior Year		Current Year	
a)	8 C	ontributions and grants (Part VIII, line 1h)			1,497,5	64.	1,389,39	i,
Revenue	9 P				16,845,5	83,	16,061,540	0,
e ce	10 In	vestment income (Part VIII, column (A), lines 3, 4, a			1,042,9	73.	742,88	١,
ã	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			37,0	41,	60,48	8,
		otal revenue - add lines 8 through 11 (must equal Pa			19,423,1	61,	18,254,300	0,
_		ants and similar amounts paid (Part IX, column (A),	170-110		1,996,4	87,	1,933,17	5.
		enefits paid to or for members (Part IX, column (A),				0.		0.
**	45 0	laries, other compensation, employee benefits (Pa	2. 321.0311231314171710111111111		13,376,7	18.	13,280,53	4.
Se	16a Pr	ofessional fundraising fees (Part IX, column (A), line				0.		0,
Expenses	b To	stal fundraising expenses (Part IX, column (0), line 2				ME 18		W
ŭ	17 01	her expenses (Part IX, column (A), lines 11a-11d, 1		,	4,213,2	37.	4,449,018	В.
		tal expenses Add lines 13-17 (must equal Part IX,			19,586,4		19,662,72	_
		venue less expenses. Subtract line 18 from line 12			-163,2	_	-1,408,421	
54		Tanda toda anpanada da Biradi into Ta Kani into Ta	(M-10-10-10-10-10-10-10-10-10-10-10-10-10-		inning of Current Y	189	End of Year	_
ets or	20 To	tal assets (Part X, line 16)			40,242,6		38,993,639	9.
Net Asse	21 To	tal liabilities (Part X, line 26)	ta care tractions agent solutions and a construction		14,305,3		12,923,154	
Vet	22 Ne	at assets or fund balances. Subtract line 21 from lin	ω 2A		25,937,3	_	26,070,485	_
		Signature Block	No BO The State of the State of	rones.			<u> </u>	_
2011	Property.	s of perjury, I declare that I have examined this return, in-	cluding accompagning schedules	and statemen	its, and to the hest	of Imv kn	owledge and helief it is	_
		nd complete. Declaration of preparer (other than officer)				. /	r	
u u u	CONTROL	MAAN SOUND	is based on an imprintation of syn	ten proposito	1 657	roll	0	
o:a	. 1	Signature of officer			Date	O 41		
Sign		Kara Teeple, CEO						
Her		Type or print name and title						
_	- 7			- In	ate Chec	k	PIDM	-
0.00		int/Type preparer's name	reparer's signature lebatuh	Cley	E /2/2010 1		P01247672	
Paid	-	2202		1	1 4000	encployed	1	=
- 6		This name RSM US LLP			Firm's Elfy	•	42-0714325	_
380	Only Fi	rm's address 1 S. Wacker Drive, Ste 800			5.	210 6	24 2400	
		Chicago, IL 60606	A at a second and a second and a second and a second and a second and a second and a second and a second and a		Phone no.	312-6	34-3400	
May	the IBS	discuss this return with the preparer shown above	7 (see meta intinnet				X Yes N	^

For	m 990 [2017] Lawrence Hall	36-216777	71	Page 2
Pa	art III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	00.000.000.000.000		х х
1	Briefly describe the organization's mission;			- 57
	Lawrence Hall is a not-for-profit child welfare agency established to			
	assist, through a seamless delivery of Services, at-risk youth and			
	their families, to develop the self-worth, knowledge, and skills they			-
	need to lead independent and productive lives.	50 E		
2	Did the organization undertake any significant program services during the year which were not listed on the			
~		ſ	Yes	X No
	prior Form 990 or 990-EZ?	*************		140
_	If "Yes," describe these new services on Schedule O.	ſ	N	X_ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	and the same of	Yes	[<u>↓</u>] 40
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as m			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expe	anses, an	ď
	revenue, if any, for each program service reported			
4a	(Code:) (Expenses \$ 12,599,100. Including grants of \$ 1,933,175.) (Revenue	\$	12,306	,634.)
	See Schedule O			
4b	(Code:) (Expenses \$ 2,406,155, including grants of \$) (Revenue	\$	2,739	136.)
	See Schedule O			
			-	
				_
14	(Code) (Expenses \$ 1,387,480, including grants of \$) (Revenue:		1 015	,770.)
4c	(Code) (Expension \$ 1,387,480, including grants of \$) (Revenue: See Schedule O	·		A COLO
	see schedule o			
4d	Other program services (Describe in Schedule O.)			
	(Expenses 5 including grants of 5) (Reverses 6)	
40	Total program service expenses 16, 392, 735,			

Form 990 (2017)

Form 990 (2017) Lawrence Hall
Part IV Checklist of Required Schedules

_			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	-110
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			_
•	during the tax year? If "Yes," complete Schedule C, Part II	4	×	
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	3		 ```
o	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pert I			x
7		6_		- ~-
1	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١.		*
	the environment, historic land areas, or historic structures? # "Yes," complete Schedule D, Part #	7	-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes," complete			l ,
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? # "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, VIII, VIII, IX, or X	100		
	as applicable.	C.		
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	×X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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 167 /f "Yes," complete Schedule D, Part VIII	110		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 // "Yes," complete Schedule D, Part IX	11d	X	
e	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	116	X	
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	110		
124	Cohera to B. Control Manager Manager	10-	x	
la.	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
ū		400		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	= =	A
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000].		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), fine 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Paris II and IV	15		Х
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,		j	
	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	X.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes."	1		
	complete Schedule G. Part III	19		X
	VALUE OF THE CONTRACT OF THE C		990 /	2017)

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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? # "Yes," complete Schedule I, Parts I and III X 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 Х 23 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Ж 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to detease X any tax-exempt bonds? 24c X d Did the organization act as an "cn behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X Iransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 255 ... 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? #"Yes," X complete Schedule L, Part II 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 X of any of these persons? If "Yes," complete Schedule L, Part III 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): X 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28¢ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 30 Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 THE THEORY STREET, AND THE PROPERTY OF THE PRO X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response or note to any line in this Part V				-	_
		1 . 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable		9		1.006	S
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			550		Rose S
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			Mary .	12 14	Han
	(gambling) winnings to prize winners?	ayaanay	and the contract of	1c	X	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return		310	3000		350
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			Zb	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)		EW IN	No.	SCH
За				3a	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account	γ?	<u>4a</u>	1.5000	X
b	If Yes," enter the name of the foreign country:				100	
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	s (FBAR).	gies	EURIU:	12004
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a_		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?		5b	-	X
¢	If "Yes." to line 5a or 5b, did the organization file Form 8886-T?			5c	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organ	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a_	-	Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
	were not tax deductible?			_6b	ETHORAS.	COLUMN 1
7	Organizations that may receive deductible contributions under section 170(c).			SEAL IN	APPER.	2000
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices pr	ovided to the payor?	7a	X	-
b			And the second second second	76	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					v
	to file Form 8282?	1 1		7c	SSHIGH	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		WIE I	190EWA	X
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		A Company of the Comp	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		e	71_	-	-0
	If the organization received a contribution of qualified intellectual property, did the organization file F			79	-	-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h	10.021	D. Callud
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the		0211969	MARRIE	20,000
				8	I STRUCT	353.00
	Sponsoring organizations maintaining donor advised funds.		ì	COLUMN TO A	SABELL	
а		****		9a	-	
þ			000000000000000	9b	20070	
	Section 501(c)(7) organizations. Enter:	1 22 11				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part Vir, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	1 [100%	
	Gross income from members or shareholders	11a			(Fig.	
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		10-	poblani	liz(b)
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a	WmdD#	-02-11
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				Y.
	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	40		Sussili
	Is the organization licensed to issue qualified health plants in more than one state?		ACCOUNTED AND ADDRESS OF THE PARTY OF THE PA	13a	, Joseph	15000
	Note. See the instructions for additional information the organization must report on Schedule O.		ì			
	Enter the amount of reserves the organization is required to maintain by the states in which the	140.		0 %		
	organization is licensed to issue qualified health plans	13b		- ULEV		
	Enter the amount of reserves on hand	13c		2100	7775	Х
	Did the organization receive any payments for indoor tanning services during the tax year?		andhumanium,	14a		
ь	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an evolunation in Scherliu	In ()	11117-00	14b	1 - Jr	

Form 990 (2017)

Lawrence Hall

Pag

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	check it Schedule O contains a response or note to any line in this Part VI			
		Total Section	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21	1000		get.
	If there are material differences in voting rights among members of the governing body, or if the governing		11.4	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 28	ART .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	SPIZ		11977
	officer, director, trustee, or key employee?	_2	L	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	Х
6	Did the organization have members or stockholders?	_6	_	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			_40;
	more members of the governing body?	7a	-	Х
ь				
	persons other than the governing body?	7b	_	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	105		
11a	Flas the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	2222
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	W.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			I as
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		parti.	
	taxable entity during the year?	16a		Х
b	'f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Agra	
	exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) as	allable		
	for public inspection, indicate how you made these available. Check all that apply.			
	Own website			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	William Kritchevsky - 872-241-8180			
	2737 W Peterson Avenue Chicago II. 60659-3927		_	

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-M*SC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) (B)					C)	nper	13,010	(D)	(E)	(F)
Name and Title	Average hours per week	box	unle	Pos heck ss pe	more reon i	than one both or/trus	ner	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Indiwould Trustee or director	Institutional crustee	Officer	Кеу этрібуве	High est compensated employee	Farmer	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Daniel J. Boszhardt	2,00									
Chairman of the Board		X		Х				0.	0.	0.
(2) Al Chircop	2.00									
President		X	_	X				0.	0.	0.
(3) Jayne Coyne	2.00									
Co-Vice President		Х		Х				0.	0.	0.
(4) Liz Nicholson	2.00									
Co-Vice President		Х		X				0.	0.	0.
(5) Rebecca N. Coke	2.00									
Treasurer		X		Х				0.	0.	0
(6) Steve Melchiorre	2.00									
Corporate Secretary		X		X				0.	0.	0.
(?) Glori Rosenson	2.00			_						
Executive Vice President		x		х				0.	٥.	0,
(8) Rt. Rev. Jeffery D. Lee	2.00									
Trustee, Hon. Chair		Х						0.	0.	0.
(9) Hon. Paul P. Biebel, Jr.	2,00		î		_					
Trustee		χ			_			0.	0.	0.
(10) Brooks Crankshaw	2.00				000					
Trustee		х					ļ	0.	0.	0.
(11) Jacqueline A. Endres	2.00						\neg			
Trustee		Х					- }	0.	0.	0.
(12) Scott Lee	2,00									
Trustee		Х		- 1			1	0,	0.	0.
(13) Edwin C. Lennox, Jr.	2,00					-				
Trustee		х	I					0.	0.	0.
(14) David Merjan	2.00				\neg	\neg	7			
Trustee		х						0.	0,	٥.
(15) Megan G. Morrissey	2.00									
Trustee		х						0.	0.	0.
(16) Andrew Oleszczuk	2.00				-		1			734
Trustee		х						0.	0.	0.
(17) William Quinlan	2,00	- 24		\dashv	\neg		1			
Trustee	-	х						0.	0.	0,
							_			

Part VII Section A. Officers, Directors,	(B)				C)			(0)	(E)		1	(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		l e	stimat	ed
	hours per		o net d x, unle					compensation	compensation	1	1	mount	
	week	off	ice s:	o a di	reuto	r/trus	tee)	from	from related			other	,
	(list any	SCIG	ž.					the	organizations		GG^	npens	ation
	hours for	- Page	as as			\$120 to		organization	(W-2/1099-MIS	C)	1	rom ti	
	related organizations	BEISIE B	121		32	Stati		(W-2/1099-MISC)			1 1	janiza	
	below	11 189	1013		ploys	1.000					1	i d rela anizat	
	line)	ladividua:	Institutional Austre	EN LO	Кау епроуве	Highest compensated entplayee	Forms				big	(1. 15W)	ions
(18) Hon, Marguerite A. Quinn	2.00		-	9	34	21. 102							
Trustee		Х						0.		0.			0
(19) Jeffrey E. Singleton	2.00			1									
Trustee		X						0.		0.			0
(20) Michael R. Weiner	2,00												
Trustee		X						0.		0.		-	0
(21) Christopher Wilson	2.00												
Trustee		х						0.		0.			0
(22) James F. Herbison	2,00												
Trustee (thru 5/9/18)		x						0.		0,			0.
(23) Karen Mabie	2,00												
Trustee (thru 3/15/18)		х						0,		0.			0
(24) Rahul Kapoor	2.00												
Trustee (as of 3/15/18)		X	l I					0.		0.			0.
(25) Christine Torres	2,00	-		-+	_	-	\neg						
Trustee (as of 3/15/18)		x			j			0.		0.			0.
(26) Shelia York	2.00	-			T	-	-		-				
Trustee (as of 5/9/18)		x	ΙI			İ		0.		٥,			0.
			l					0.		0.			0.
tb Sub-total c Total from continuation sheets to Par	MI Castion A	,	•••••			'	- 1	447,014.		0.	_	32	056.
								447,014,		0.	_		056.
d Total (add lines 16 and 1c) 2 Total number of individuals (including but									100 at separtable			J. ,	
compensation from the organization		ose	nstet	apc	ove)	WIK	rec	seived mote man \$100's	ou of reportable				3
compensation from the organization						_	_					Yes	No
3 Did the organization list any former office	er, director, or tru	stes	, kev	emi	ploy	ee.	or hi	ighest compensated em	ployee on	- 1	1815	Hillia.	134
line 1a? If "Yes," complete Schedule J to								•			3		x
4 For any individual listed on line 1a, is the											新原	2000	Desini
and related organizations greater than \$											4	×	
5 Did any person listed on line 1a receive											77.5	I. bearing	EL TO
rendered to the organization? // "Yes." c								*		1	5	4146660111	X
Section B. Independent Contractors	<u>ombiete Scheddie</u>	JR	r Suc	in De	erso	n .			man Otto and man	<i>u</i>	5		
Complete this table for your five highest	companyated ind	0000	nden	tcor	atrac	tore	tha	t raceived more than \$1	On OOO of comes	neat	ion fro		
the organization. Report compensation i	•									i sai	ion ne	,,,,	
<u> </u>	or the Calendar ye	ai e	HORK	y vy 10	11 01	WILL	1		ω.	_	10	N.	
(A) Name and busine	ess address	иои	JE.					(B) Description of se	rvices	C	O) sagmo		a.
			1.2				+						
							+			-	-	_	
		-			_	=0	+			_	_		
									1				
					_	_	4						
		_			_		+						
			_				ļ.						
Total number of independent contractors			_				- - -						Cant

Form 990 Lawrence Hal	1								36-2167	771
Part VII Section A. Officers, Directors, Tro	ustees, Key E	mple	oyee	s, a	nd F	digh	est	Compensated Employe	ees (continued)	
. (A) Name and title	(B) . Average hours			Pos	C) sition that	1		(D) Reportable compensation	. (E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee of director	lashtillenal husse	Difficer	Key employee	Flights Compessated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Wendy Siegel	2,00									
Trustee (as of 1/18)		Х		L	ļ.,			0.	0.	
(28) Nicole Quaisser	2,00									
Trustee		Х						0.	0.	
(29) Sam Hill	2.00									
Prustee		Х		L_				0.	0.	
(30) Mayer Grashin	2.00				ų.					
Prustee		X				_		0.	0.	
(31) Kara Teeple	40.00									
Chief Executive Officer				X				173,090.	0.	9,45
(32) William Kritchevsky	40.00									
Chief Financial Officer		ď.		Х				155,894.	0.	16,04
33) Elizabeth Wilbarger	40.00									
vice President of Human Resources						X		118,030.	0.	6,55
otal to Part VII, Section A, line 1c			411					447,014.		32,056

Part VIII Statement of Revenue

		Check if Schedule O con	tains a resp	onse	or note to any line	e in this Part VIII	errore live productive majori,	ويدون ويتعاسرونان	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from lax under sections 512 - 514
23 5	1 1 2	Federated campaigns	1	a	294,871.	M 58.45			
ant				b					
উ	× -			c	193,266.		Tall and a design of the contract of	NAME AND DESCRIPTION OF THE PARTY.	sectionally business of
t s				d					
0.5		Government grants (contribut		e			Marie Carlo		
Sign	i ř	All other contributions, gifts, grad	Г	-					
ă ţ		similar amounts not included abo		f	901,254,		A Charles Talk Brown to		
ĘĈ	9				6,242.				
Contributions, Gifts, Grants	h h	Total. Add lines 1a-11				1,389,391.	50000000000000000000000000000000000000		
			., .,		Business Code		18 Marie 19 18 2 A	MARKET STATE	74.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	2 a	Substitute Care Revenu	1		624100	12,306,634.	12,306,634.	Comments of the state of the st	AND CONTRACTOR OF THE PARTY OF
Ş.	- b				611110	2,739,136.	2,739,136,		
₩		Workforce Development			900099	1,015,770.	1,015,770.		
£ 3	ď								
Šã	e	-							
Program Service Revenue	ľ	All other program service reve	enue						
	ا ا					16,061,540.		经保护价值 机混合	387 9H 3H 2H 5
	3	Investment income (including							
		other similar amounts).				688,101.			688,101.
	4	Income from investment of ta							
	5	Royaltles	,						
	l		(i) Rea		(ii) Personal	The state of the s			(唐) 不是3000年前
	6 a	Gross rents						San Jak	
	ь	Less: rental expenses							
	c								
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Securi		(ii) Other	K NY SERVICE		PSW W作品 是	超高键 超級
		assets other than inventory	1,307,	253.	10.				
	þ	Less: cost or other basis			6				
		and sales expenses	1,252,		0.				
	С	Gain or (loss)	54,	770.	10,				
		Net gain or (loss)				54,780.			54,780,
Other Revenue	8 a	Gross income from fundraising including \$ 193, contributions reported on line Part IV, line 18	266. of 1c). See		68,551.				
£	b	Less: direct expenses			83,532.				
0	С	Net income or (loss) from fund	raising eve	nts		-14,981.			-14,981.
	9 a	Gross income from gaming ac	tivities. See	•	â				
		Part IV, line 19		., а					
	b								
	С	Net income or (loss) from gam	ing activitie	s					
		Gross sales of inventory, less and allowances				60 - 10 m (c)			
					8	Milla W. William		A BROWN THE	TOTAL WEST
	С	Net income or (loss) from sales					ACTIVITY EXPENSED TO	unication (nav.	0 / (C 1) VEX 10 (S)
-	4.6	Miscellaneous Revenue	9		Business Code	m 7/1/ms=7/17 Ls		- 17 May 1974 197	to the same of
	b								
	C				900099	25 465			25 460
		All other revenue				75,469. 75,469.	DI III SERVER	Switzer Switzer	75,469.
		Total, Add lines 11a-11d		*******		18,254,300.	16,061,540.	0.	803,369.
	12	Total revenue. See instructions.				10,234,300.	10,001,340.	0,	003,303.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 1,933,175. 1,933,175. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 348,327. 291,696. 47,585 9.046. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,410,744. 268,189. 10,326,825. 8,647,892. Other salaries and wages Pension plan accruals and contributions (include 226,150. 38,833. 7.398. 272,381. section 401(k) and 403(b) employer contributions) 149,549. Other employee benefits 1,048,977. 870,935. 28,493. 1,284,024. 1,066,381. 182,789, 34,854. Payroll taxes Fees for services (non-employees): 11 a Management 41,868. 41,868. Legal 157,656. 157,656. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 46,702. 46,702. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 37,361. 485,042 202,359. 245,322. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 45,862. Office expenses 905,705. 714.588. 145 255. 13 162,901, 91,375. 40,239. 31,287. Information technology 14 Royalties 15 6,262. 1,365,468. 1,214,211. 144,995. 16 Occupancy 324,277 303,323. 18,245. 2,709. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 28,969 2,055. 132,027. 101,003 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 793,678. 726,478. 67,072. 128. Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered 24 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 O.) a Membership Dues 2,275. 28,250. 33,694. 3 169. b e All other expenses 19,662,727. 16, 392, 735. 2,794,073, 475.919. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check her e latellawing SOP 98-2(ASC:3058-7/20)

Part X | Balance Sheet Check If Schedule O contains a response or note to any line in this Part X (A) (B)End of year Beginning of year 1,075,548. 405,206. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 345,000. 259,562. 3 3 Pledges and grants receivable, net 1,144,218. 1,317,959. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net 8 Inventories for sale or use _____ 8 467 874. 9 Prepaid expenses and deferred charges 544,114. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 28, 298, 121. 10a 11,222,402. 17,687,893. 17,075,719. b Less accumulated depreciation 10b 8,443,713. 8,478,534. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 10,828,447. 11, 162, 526. 15 15 Other assets. See Part IV, line 11 38,993,639, 40,242,674. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 856,803. 1,154,712, Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Delerred revenue 19 10,652,130. 11,028,232. Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities fincluding federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,122,406. 25 1,414,221. 12,923,154. 14,305,350, 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Fund Balances 11,409,529. 11,186,823. 27 27 Unrestricted net assets 3,087,836. 3,109,624. Temporarily restricted net assets 28 11,774,038. 11,439,959. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ō and complete lines 30 through 34, Capital stock or trust principal, or current funds 30 Net Assets 30 31 Pa d-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 26,070,485. 25,937,324, Total net assets or fund balances 33 33 38,993,639. 40, 242, 674. 34 Total liabilities and net assets/fund balances

Forr	m 990 (2017) Lawrence Hall	36-2167	771	Pa	ge 12
Pa	art XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI			337.55	Х
			19	, 254,	300
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 662	_
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3		408,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	937,	
5	Net unrealized gains (losses) on investments	5		529,	709.
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	1	011,	879.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			202	
(B)	column (B))	10	26	,070,	485.
Pa	rt XIII Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII	********	A-10-11		
			(Constant	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	You kind	(Laper	BILL
2a	and the second of the second o		2a	rubbooms.	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			250
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		TO SERVE	HOE!	14273
ь	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	347		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		(Talker)		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	2000		5180
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	Tour S		5.00
	Act and OMB Circular A-133?		38		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ъ		
			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenus Service

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.

2017

Open to Public

Name of the organization Employer identification number 36-2167771 Lawrence Hall Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 I An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (III) Type of organization (vi) Amount of other (i) Name of supported (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Page 2

Schedule A (Form 990 or 990 EZ) 2017 Lawrence Ball Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	· · (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not			1				
	include any "unusual grants.")	1,642,607.	1,741,270.	1,342,805.	1,497,564.	1,389,391.	7,613,637.	
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	1,642,607.	1,741,270.	1,342,805.	1,497,564.	1,389,391.	7,613,637.	
5	The portion of total contributions	S18 20 100000				STATE OF THE REAL PROPERTY.		
-	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)						474,276.	
6	Public support, Subtract line 5 from line 4.						7,139,361,	
	ction B. Total Support	Description of the second of	MISCARI SANCE SERVICE	MANAGEMENT OF THE PARTY OF THE	and the same of th	1112341501500013001	,,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	1,642,607.	1,741,270.	1,342,805.	1,497,564.	1,389,391.	7,613,637.	
	Gross income from interest,							
•	dividends, payments received on							
	secunties loans, rents, royalties,			j				
	and income from similar sources	732,816.	675,463.	669,699.	605,802.	688,101.	3,371,881.	
0	Net income from unrelated business			777,777	717,717			
3	activities, whether or not the							
	·		ľ					
40	business is regularly carried on							
טר	Other income. Do not include gain							
	or loss from the sale of capital	90,269.		51,693,	65 144	75,469.	282,575.	
	assets (Explain in Part VI.)	SAF DOLUME WORKSHIP	SUMPLY SELECTED SE	21,633.	65,144.	73,409.	11,268,093,	
	Total support. Add lines 7 through 10				3 CT 2 2 3 3 CT 2	Social and the same		
	Gross receipts from related activities,	,				12	86,016,365.	
13	First five years. If the Form 990 is for	_	irst, second, third,	fourth, or litth tax	year as a section	501(c)(3)	.	
Sec	organization, check this box and stop tion C. Computation of Public		entage					
-	Public support percentage for 2017 (lin			was (D)		44	63.36 %	
						15		
15	Public support percentage from 2016 33 1/3% support test - 2017. If the o	Scredule A, Pert II,	about the bourse !	(a. 40 and K. 44	in 22 4 (20)			
тоа							, [7]	
l-	stop here. The organization qualifies a					or many about this		
	33 1/3% support test - 2016. If the o							
	and stop here. The organization qualit							
	10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
							U% Or	
	more, and if the organization meets the							
	organization meets the "facts and circu						man men	
18	Private foundation. If the organization	i did not check a bu	ox on fine 13 <u>, 16a,</u>	16b, 17 <u>a, or 17</u> b, i	check this box an	d see instru ctions	<u>, ▶</u> [_]	

Page 3

Schedule A (Form 990 or 990-EZ) 2017 Lawrence Hall 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.)

Section A. Public Support						
Calendar 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				İ		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					-	
c Add lines 7a and 7b	CK CHO : CANA	HELECONTERENCE IN THE	SEARN TO		100000	
8 Public support, (Substact lane 7c from line 6.) Section B. Total Support	STREET, STREET	선 기계의 문화에 비슷한	57-22 M/G			
	(-) 0042	#-X 2014	1-1 001E	/4\ 0016	(-) 2017	(6) Total
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6					_	
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is					1	, ,
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support, (Add lines # 10c, 11, and 12.)						
4 First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	on 501(c)(3) organiza	ition,
			denter linguistics		enn eggnenna løger	
section C. Computation of Public	Support Per	centage				
5 Public support percentage for 2017 (lin	ne 8, column (f) di	vided by line 13, co	olumn (f))	retinisti-uniment	15	%
6 Public support percentage from 2016					16	%
ection D. Computation of Invest	tment Income	Percentage				
7 Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%
8 Investment income percentage from 2				AND CALL COLUMN	18	%
9a 33 1/3% support tests - 2017, If the			The same of the sa		33 1/3%, and line 17	' is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2016. If the		-				
line 18 is not more than 33 1/3%, chec	*					
Private foundation. If the organization					_	······· \

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)? // "Yes," describe in Part VI when and how the organization made the determination.
- 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")? # "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? # "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 fine filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 Lof 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 ?? 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 leaction 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 8a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit. from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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36-2167771

		36-2167771 Page
ng Organi	zations	
ng trust on N	lov. 20, 1970 (explain in l	Part VI.) See instructions,
omplete Sec	tions A through E.	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
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8		
	(A) Prior Year	(B) Current Year (optional)
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1.2		Current Year
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lly integrated	Type III supporting organ	nization (see
		•
	1 2 3 4 5 6 7 8 8 1 2 3 4 5 6 6 7 8 8 1 2 3 4 5 6 6 7 8 8 1 2 3 3 4 5 6 6 7 8 8 1 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 7 8 8 1 2 2 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 2 3 4 5 6 7 8 8 1 1 2 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 4 4 1 2 2 3 3 4 4 1 2 2 3 3 4 4 1 1 2 2 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule A (Form 990 or 990-EZ) 2017

Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
. 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
_	(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			
Sect	ion 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	1.01至255.01.01万66.15至15万4.15万里。 1.01至255.01.01万万6.15万里。			
b	From 2013			
c	From 2014			
d	From 2015			
	From 2016			
	Total of lines 3a through e	Moreover and the second		
	Applied to underdistributions of prior years		Transport of the Control of the Cont	SWITTERS OF HELPING
	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	ALERA O MARCHINA PARA DELLA PARA		
4	Distributions for 2017 from Section D.			
	line 7: \$		COMPLETE VIOLENCE CONTROL OF THE PARTY OF TH	
	Applied to underdistributions of prior years Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.	British Child Bus		· · · · · · · · · · · · · · · · · · ·
	Remaining underdistributions for years prior to 2017, if	Many and Company of the Ang	HALPA HALLANDER SULVENIE	
5	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			M. Maria and Complete Street Complete C
•	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			Many States and the
	and 4c.			
8	Breakdown of line 7:			Mark Market Control
	Excess from 2013			CHARLES WE WE WE
	Excess from 2014			
	Excess from 2015	The Exp MacAs and		
	Excess from 2016			
	Excess from 2017		DW AVERTAL Not Sall	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A, Part II, Line 10, Explanation for Other Income: Other Revenue
Other Revenue
2013 Amount: \$ 90,269.
2015 Amount: \$ 51,693.
2016 Amount: \$ 65,144.
2017 Amount: \$ 75,469.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545 cm 47 Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and ∂. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Oo not complete Part II-B.
- Section 501(c)(3) organizations that have NOT (illed Form 5768 (election under section 501(h)); Complete Part II-8. Do not complete Part II-8

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then	None Constate Book III			
 Section 501(c)(4), (5), or (6) organization 	ttions: Complete Part III.			loyer identification number
Lawrence H	(a)1			36-2167771
	ganization is exempt unde	er section 501(c)	or is a section 527 or	
Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures			
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a section 4a Was a correction made?				
b If "Yes," describe in Part IV. Part I-C Complete if the organization	janization is exempt unde	er section 501(c)	excent section 501(c	3/3).
1 Enter the amount directly expended			16-16	
Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b	nization's funds contributed to other. 3. Add lines 1 and 2. Enter here ar	er organizations for se	ection 527 ▶ \$	
5 Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	l) of all section 527 po from the filing organiz separate political orga	litical organizations to which tation's funds. Also enter the anization, such as a separate	n the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.
-			3	

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

Schedule C (Form 990 or 990-EZ) 2017

	i illeo como azon iele	
Part II-A Complete if the organization is exempt under section 501(c)(3) and section 501(h)).		Ction under
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group (and list in Part IV each affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply.	ated group member's name	, address, EtN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	78,000,	
c Total lobbying expenditures (add lines 1a and 1b)	78,000,	
d Other exempt purpose expenditures	16,417,460,	
e Total exempt purpose expenditures (add lines 1c and 1d)	16,495,460,	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	974,773.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:		
Not over \$500,000 20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	1 CONTRACTOR STATEMENT OF STATE	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000	D	
Over \$17,000,000 \$1,000,000.	_	
0.000	243,693,	E IN THE SECTION OF T
g Grassroots nontaxable amount (enter 25% of line 1f)	0	
h Subtract line 1g from line 1a, If zero or less, enter -0- i Subtract line 1f from line 1c, If zero or less, enter -0-		
If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720		
	٦	Yes No
reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)		763 140
(Some organizations that made a section 501(h) election do not have to complete See the separate instructions for lines 2a through 2f.		low.
Lobbying Expenditures During 4-Year Averaging Perio	od	
Calendar year (a) 2014 (b) 2015 (c) 2016 (c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount 1,000,000, 967,909, 968,33	34. 974,773.	3,911,016.
b Lobbying ceiling amount (150% of line 2a, column(e))		5,866,524.
c Total lobbying expenditures 48,000. 62,500. 75,00	78,000,	263,500.
d Grassroots nontaxable amount 250,000. 241,977. 242,08	243,693,	977,754.
e Grassroots ceiling amount (150% of line 2d, column (e))		1,456,631.

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017 Lawrence Hall

Part II-B Complete If the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	- 10	(a)		
the lobbying activity.	Yes	No	Amount	
During the year, did the filling organization attempt to influence foreign, national, state or			58	
local legislation, including any attempt to influence public opinion on a legislative matter		The second		
or referendum, through the use of:				
a Volunteers?	0.7) (0			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i	AND RECEIVED			
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				1950
b If "Yes," enter the amount of any tax incurred under section 4912	COM CONTRA			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5	, or sec	ction	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?			1	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	prior year? 1 501(c)(5	3), or sec		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "yes."	prior year? 1 501(c)(5 'No," OR (3), or sec (b) Part		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	prior year? 1 501(c)(5) No," OR (3), or sec (b) Part		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year b Carryover from last year	e prior year? n 501(c)(5 No," OR (2 3 3), or sec (b) Part		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I) Agree 1 in the organization action of Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I)	e prior year? 1 501(c)(5 No," OR (2 3), or sec (b) Part 1 2a 2b 2c 3	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I) Agree 1 in the organization action of Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I)	e prior year? 1 501(c)(5 No," OR (2 3), or sec (b) Part 1 2a 2b 2c 3	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I) Agree 1 in the organization action of Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I)	e prior year? 1 501(c)(5 No," OR (2 3), or sec (b) Part 1 2a 2b 2c 3	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information wide the descriptions required for Part IA, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group III-A) (affiliated group III-A)	e prior year? 1 501(c)(5 No," OR (2 3), or sec (b) Part 1 2a 2b 2c 3	III-A, line	3, is

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. 1546-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

	Lawrence Hall		36-2167771
Pa	d Organizations Maintaining Donor Advised Funds	or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a)	Donor advised funds	(b) Funds and other accounts
40	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's exclusive le	egal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor ad-	visor, or for any other purpose	conferring
	impermissible private benefit?		
Pa	t'll Conservation Easements. Complete if the organization a	answered "Yes" on Form 990,	Part IV, lins 7.
1	Purpose(s) of conservation easements held by the organization (check a	ill that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tilled historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified consen	vation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a .
þ	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure inclu		
đ	Number of conservation easements included in (c) acquired after 7/25/0	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy regarding the periodic monit		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and entorcing cons	servation easements during the year
	<u> </u>		4 N 10 - 14
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(8)(ii)?		
9	In Part XIII, describe how the organization reports conservation easemer		
	include, if applicable, the text of the footnote to the organization's finance	cial statements that describes t	ne organization's accounting for
Dar	conservation easements. III Organizations Maintaining Collections of Art, Hist	torical Treasures, or Ot	her Similar Assets
I gai	Complete if the organization answered "Yes" on Form 990. Part I		ner cimilar Accord.
-			and halance shoot works of ad
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not		
	historical treasures, or other similar assets held for public exhibition, edu		ice of public service, provide, in Part Alli,
	the text of the footnote to its financial statements that describes these it		and holomon shoot works of act bustorised
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		
	treasures, or other similar assets held for public exhibition, education, or	research in jorthétance of buc	and Service, provide the following amounts
	relating to these items.		> 4
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasures, or o		gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 95	A CONTRACTOR OF THE CONTRACTOR	
а	Revenue included on Form 990, Part VIII, line 1	erica manifestamone estato (111)	
1	Associate resolved and in Cores 000. One t V		

Sch	edule D (Form 990) 2017 Lawrence 8	all				36-216	57771	Page 2
Pa	irt III Organizations Maintaining C	Collections of Art	t, Historical Tre	easures, or O	ther Simila	ır Asset	s (contin	ued)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that are	a significant	use of its o	collection	items
	(check all that apply):							
a	Public exhibition	d		change programs				
b	Scholarly research	е	Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's	exempt purpo	ose in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	sures, or other si	milar assets	_	_	
	to be sold to raise funds rather than to be m						Yes	No
Pa	rt IV Escrow and Custodial Arran	- ,	ete if the organization	n answered "Ye	s" on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	is the organization an agent, trustee, custod					_	-	
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
					-		Amount	
С								
d	Additions during the year							
е	Distributions during the year						11	
f	Ending balance					L	7	
2a	Did the organization include an amount on F						Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds, Complete					مسسبق	minister.	LJ
Fa	rt V Endowment Funds. Complete					a construction		are a hardy
,		(a) Current year	(b) Prior year 6,325,863.	(c) Two years ba		years back		years back
1a	Beginning of year balance	6,788,724.	6,323,863.	6,380,1	92. 0,6	59,381.	- 3,	985,754.
b	Contributions	290 057	452 961	E4 2	7.0	70 152		967 250
c	Net investment earnings, gains, and losses	289,057.	462,861.	-54,2	79.	79,152.	_	967, 259.
d	Grants or scholarships	_					-	
6	Other expenditures for facilities					E0 201		02 622
	and programs				3	58,391.		93,632,
f	Administrative expenses	7 077 701	6 700 734	6 275 0	2 6 2	00 142		859,381.
9	End of year balance	7,077,781.	6,788,724.	6,325,86	3. 0,2	80,142.	0,	339,301.
2	Provide the estimated percentage of the curr	and the same of th	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	53.48	_%					
ь	Permanent endowment ▶ 8.64	%						
С	Temporarily restricted endowment	37.88 %						
	The percentages on lines 2a, 2b, and 2c show	•						
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	id administered f	or the organiz	ation	î	. 1
	by.							Yes No
	(i) unrelated organizations						3a(i)	X
							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization					·······	3b	
4	Describe in Part XIII the intended uses of the		rment funds.		_			
Par								
	Complete if the organization answered				_			
	Description of property	(a) Cost or ot	. ` '		e) Accumulate		(d) Book	value
		basis (investm	ent) basis (depreciation	I.Manare		0.2
	Land			94,408.		100.00		94,408.
	Buildings		25,	554,928.	9,106,	433,	16,	448,495.
	Leasehold improvements							
d	Equipment		2,	274,186.	1,748,	_		525,785.
	Other			374,599.	367,	568.		7,031.
otal	Add lines 1a through 1e. (Column (d) must ed	nual Form 990, Part X	column (B), line 10)c.)		<u> </u>	17,0	075,719.

Schedule D (Form 990) 2017 Lawrence Hall			30-	(16///1	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	ne 11b. See Form 990, Part X, li (c) Method of valuation		wear market	value
A Property of the Contract	(b) Book value	(c) Wellioo of Valdation	0031 01 010 01	year market	value
(1) Financial derivatives (2) Closely-held equity interests					
(3) Other					
(A)					
(8)	-		*		
(C)					
_(D)					
(E)	7/ 2		-		
(F)		1			
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		Comment the Jack Statement	w Titayah wa		I SWAFFA
Part VIII Investments - Program Related.		DESCRIPTION OF THE PROPERTY OF			
Complete if the organization answered "Yes" of					
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of	year market	value
_(1)					
(2)					
(3)					
(4)				-	_
(5)					
(6)					
[7]					
(9)			a was now and the		ON SHIP YOU
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		2012 (1) DUNET/ESTADO (EST.)			Municipal Property
			. 15		
Complete if the organization answered "Yes" o	Description	ne 110. See Form 990, Parca, iii	le 15.	(b) Book v	alue
(1) Beneficial Interest in Irrevocable Tru					62,526,
(2)			i -		
(4)					
(6)	=====				
(7)					
(8)					
(9)					
	161		_	11.1	62,526,
Total. (Column (b) must equal Form 990. Part X. col. (B) line. Part X Other Liabilities.	19./				
Complete if the organization answered "Yes" o	n Form 990, Part IV, lir	ne 11e or 11f. See Form 980, Par	t X, line 25.		
1. (a) Description of liability		(b) Book value	THE STATE OF THE S	S = 1700 - 170	11-12-12-12-12-12-12-12-12-12-12-12-12-1
(1) Federal income taxes		14.7			
(2) Accrued Pension Liability		1,405,062.			
(3) Other Liabilities		9,159.			
(4)					
(5)					
(6)		rots I			
(7)		Olefik.			
(8)					
(9)		J19/			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.1	1,414,221.			
The same and the s					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line				
# # # # # # # # # # # # # # # # # # #			1	19,816,961.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	The state of the s		SOLS	
a Net unrealized gains (losses) on investments	2a	529,709.	102 (2)	
b Donated services and use of facilities			154	
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		1,032,952.		
e Add lines 2a through 2d		entermination and	20	1,562,661,
3 Subtract line 2e from line 1	(+)		3	18,254,300,
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	H - I		W.	
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			120000	^
c Add lines 4a and 4b			4c	0,
5 Total revenue, Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Part XII Reconcillation of Expenses per Audited Financial State	monto Mith	Evnoncos nor E	5 cturn	18,254,300.
Complete if the organization answered "Yes" on Form 990, Part IV, line		Expenses per r	AG (UIII)	
Total expenses and losses per audited financial statements			1	19,683,800.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************		7/410	
a Donated services and use of facilities	2a			
b Prior year adjustments			126 (13)	
c Other losses				
d Other (Describe in Part XIII.)		21,073.	573	
e Add lines 2a through 2d			2e	21,073.
3 Subtract line 2e from line 1			3	19,662,727.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			Ac	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	erical agency and an		5	19,662,727.
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a sart V, line 4:				
Funds designated as "quasi-endowment" funds on Line 2a in this	section are			
nrestricted earnings on these investments are withdrawn annual	ly to fund			
programmatic operations while the principal and gains and losse	s thereon			
remain invested subject to discretionary action by management t	o use the			
unds, as needed, for programmatic or capital initiatives. Simi	larly,			
unds designated as "term endowment" funds on Line 2c in this s	ection are			
nrestricted as to purpose, and earnings on these investments a		'3		
ithdrawn annually to fund programmatic operations while the pr				
aims and losses thereon remain invested. These funds are considered	dered			
emporarily restricted as to timing, and action by the organiza	tion's			
Roard of Trustees in a manner consistent with UPMI/A standards				

Schedule D (Form 990) 2017 Lawrence Hall	36-2167771 Page 5
Part XIII Supplemental Information (continued)	
Part XII, Line 2d - Other Adjustments:	
Idle Property Expenses 21,07	73.
• I ii	
	1

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for the latest instructions. Employer identification number Name of the organization 36-2167771 Lawrence Hall Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	art I	TI THE PROPERTY OF THE PARTY OF	he organization answered		IV, line 18, or reported	
		of fundraising event contributions and g	(a) Event #1 Fall Fete Dinner	(b) Event #2 Lucky Charm Reception	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	241,467.	20,350.		261,817.
		Less Contributions	173,416.	19,850.		193,266.
	3	Gross income (line 1 minus line 2)	68,051.	500.		68,551,
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs	4,900.			4,900.
Direct Expenses	7	Food and beverages	25,193.	5,568,		30,761.
	8	Entertainment				
	9	Other direct expenses	47,545.	326.		47,871.
	10	Direct expense summary. Add lines 4 throug				83,532.
_	11 rt.l	Net income summary. Subtract line 10 from Gaming. Complete if the organization				-14,981.
ens		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
-	1	Gross revenue	-			
583	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes %	Yes % No	
	7	Direct expense summary, Add lines 2 through	n 5 in column (d)			
	8	Net gaming Income summary, Subtract line 7	from line 1, column (d)		>	
ü	ls th	er the state(s) in which the organization condu is organization licensed to conduct gaming ac No," explain:	ctivities in each of these s			Yes No
		re any of the organization's gaming licenses re		minated during the tax ye	ar?	Yes No

Sch	nedule G (Form 990 or 990 EZ) 2017 Lawrence Hall	36-2167	771	Page 3
	Ooes the organization conduct gaming activities with nonmembers?		Yes	☐ No
12			_	
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in.		_ ,	
		. 13	~ 1	9/
	The organization's facility	1000		%
	An outside facility		D	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	News N			
	Name			
	Address >			
			٦,,	
15ล	Does the organization have a contract with a third party from whom the organization receives gaming revenue?)COO(1)	_ Yes	∐ 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 > \$			
C	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			
	offectionomices Employee independent contractor			
47	h dan afatana afatalah ati an ar			
	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		٦٧	No
	retain the state gaming license?	L. <u>.</u>	J tes	NO
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	a		
	organization's own exempt activities during the tax year 🕨 \$			_
Par	Supplemental Information. Provide the explanations required by Part I, line 2b. columns (iii) and (v), and Part I	III, lines 9	. 9b, 10	b. 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
			_	
_		X = -		

Schedule G (Form 990 or 990-EZ) Lawrence Hall	36-2167771	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Information (continued)		
(Continued)		
· .		
t e e		
		_
	×	
	-	
* * * * * * * * * * * * * * * * * * * *	•	

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Department of the Trespury Internal Revenue Sarvica SCHEDULE (Form 990)

2017
20en to Public Inspection

°Ž Employer identification number 36-2167771 × Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part | General Information on Grants and Assistance criteria used to award the grants or assistance? Lawrence Rall Name of the organization

f	(h) Purpose of grant or assistance				
	(g) Description of noncash assistance				
	(f) Method of valuation (book, FMV, appraisal, other)				
ed.	(e) Amount of non-cash assistance				
onal space is need	(d) Amount of cash grant		į.		e line 1 table
o duplicated if addition	(c) IRC section (if applicable)				panizations listed in the table
5,000, Part II can t	(a)				nd government org
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) (2017)

(f) Description of noncash assistance 36-2167771 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, line 2: Part III, column (6); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 0 o 1,119,403. 813,772. (c) Amount of cash grant parents, Room and Board payments are passed through to foster parents based on the total amount provided by DOFS. Specific assistance is paid based on Services to monitor the use of funds and support to clients and foster The Agency works with the Illinois Department of Children and Pamily 806 226 (b) Number of recipients (a) Type of grant or assistance Specific Assistance to Clients Foster Care Room & Board Schedule I (Form 990) (2017) Part I, bine 2. Part III

Page 2

Lewrence Hall

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foster payments. The Agency bills DCFS for the specific assistance payments

paid out during the month and discrepancies are reviewed and

a ratable approach where program staff prepare check requests for the

corrected,

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Lawrence Hall

Employer identification number

36-2167771

P	art I Questions Regarding Compensation			
			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	EXTUN-		(S. a)
	Part VII, Section A, fine 1a. Complete Part III to provide any relevant information regarding these items.	meg	21(4)	
	First class or charter travel Housing allowance or residence for personal use		EVILLE	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1038	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	Natural Community of the Community of th			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	363		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			145
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		Diff.	
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	100000000	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
•	If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.	SOU.	1000	
	The state of the s	94.74.61		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of			
а	The organization?	5a	econtration.	X
h	Any related organization?	5b		x
_	If "Yes" on line 5a or 5b, describe in Part III.	74541	Muse	e de la constante de la consta
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:	7.55		
•		6a	CONCERN	х
5	The organization?	6b		×
13	Any related organization? If Yes" on line 6a or 6b, describe in Part III.	OB.	43.7800	STATE OF
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	NINGT TOTAL		A DE
•		7	Section 1	X
8	not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-141 V.	910.0	20501
ø	alida a series de antica de la Caracteria de	8	-	х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		F17:	
9		9	physical dis	1000
	Regulations section 53 4958-6(c)?	9		_

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Schedule J (Form 990) 2017

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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A; line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<u>L</u>
(A) Name and Tule		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneitts	(a)(a)	in column (c) reported as deferred on prior Form 990
(1) Kara Teeple		173,090.	.0	.0	7,000.	2,458,	182,548.	0.
Chief Executive Officer	<u> </u>	0	0	0.	0	0	0.	0
(2) William Kritchevsky	Ξ	155,894.	0.	0.	6,529.	9,517.	171,940.	0.
Chief Financial Officer	: 3	. 0	0	0	0.	0	.0	0.
	€							
	(
	9			i.				
	ε							
	<u> </u>							
	8							
	€							
	€							
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	18							
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	Ξ							
	(E)							
	3							
	(ii)							
	(i)							
	(ii)							
	£							
	(9)							
	8							
	(ii)							
	68							
	£							
	Ξ							
	(E)							
	\$							
	Έ.	_						

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Schedule J (Form 990) 2017

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Name of the organization

 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
 explanations, and any additional information in Part VI. Supplemental Information on Tax-Exempt Bonds

OMB No. 1545 0047 2017 Open to Public

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 36-2167771

Schedule K (Form 990) 2017 Yes No (g) Deteased (h) On behalf (i) Pooled financing × ş 욄 Yes No Ω × of issuer Yes Yes ŝ × Yes Ŷ ž used for Campus Renovatio Ç (f) Description of purpose Refunding of 2006 Bond Yes Yes ş ŝ œ Yes Yes 12,100,000. (e) Issue price 11,666,812. 12,100,000. 135,000. 705,259. 298,188. × × 윈 Ŷ 2008 (d) Date issued 08/14/14 Yes Yes × × Column (f) Continuations (e) CUSIP# 45200B390 Does the expanization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN See Part VI for Were the bonds issued as part of an advance refunding issue? 86-1091967 Were the bonds issued as part of a current refunding issue? which owned property financed by tax exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Lawrence Hall Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased A Illinois Finance Authority Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds Private Business Use (a) Issuer name bond-financed property? Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds **Bond Issues** Proceeds Parti Part II 15 ∞ Q 9 4 က 4 LD) 16 ٥V 9 7 F 2 t 8 O ۵

732121 10-16-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2017 Lawrence Call Part III Private Business Use (Continued)			36-2	36-2167771				Page 2
	A		8		0		٥	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	2	Yes	No	Yes	No.
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the linanced property?								
c. Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private ousiness use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
-		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501 (c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
tion taken pursuant to Regul								
1.141.12 and 1.145.2?								
stal								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1,141-12 and 1,145-27		×						
Part IV Arbitrage								
	ď			8		O	Q	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the fallowing apply?								
a Rebate not due yet?	×							
b Exception to rebate?		×						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								-
parformed								
ariable		×						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
- Contract Court State Contract Contrac								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						S	Schedule K (Form 990) 2017	m 990) 2017

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Cawrence Hall

Employer identification number 36-2167771

Form 990, Part I, Line 1, Description of Organization Mission:
Lawrence Hall is a not-for-profit child welfare agency established to
assist, through a seamless delivery of Services, at-risk youth and
their families, to develop the self-worth, knowledge, and skills they
need to lead independent and productive lives.
Form 990, Part III, Line 4a, Description of Program Service:
In FY18 the Lawrence Hall continuum of care offered results-oriented
treatment and therapeutic services to over 425 youth and 250 families
throughout the Poster Care, Residential Prestment and Older Adolescent
Programs, Youth and their families access evidence-based
results-oriented treatment programs and supportive services including
mental and behavioral health care, medical and wellness services,
therapeutic recreation and expressive therapies (art, music, pet
therapy, and horticulture) services, family therapy and case
management, civic engagement and volunteerism, LGBT support services,
and spiritual development. Our service model offered in a stable and
caring environment, addresses trauma, promotes attachment and bonding,
and supports the family connection while teaching youth the
self-management skills necessary in order to life successful,
independent lives.
Form 990, Part III, Line 4b, Description of Program Service:
In FY18 Lawrence Hall Therapeutic Day School (Chicago Campus) educated
nearly 97 students with emotional challenges, behavioral disorders and
learning disabilities that inhibit success in their local public school

through the Illinois Criminal Justice Information Authority allows

Name of the organization	Employer identification number
Lawrence Hall	36-2167771
Lawrence Hall to provide case management, expungement services and	
therapy to young adults involved in the justice system. Additionally,	
Lawrence Hall hosts a community based anti-violence coalition through	
this program.	
Form 990, Part VI, Section B, line 11b:	
The external accounting firm prepares the Form 990 based on information	
provided by the organization. The Chief Financial Officer of the Agency	
completes a thorough review of the Form 990 and approves a draft filing to	
be distributed to all Trustees for questions and comments. Feedback is	
required within five days of distribution. Once all inquiries are resolved	
and any necessary changes are made, the Form 990 is finalized and filed	
with the Internal Revenue Service,	
Form 990, Part VI, Section B, Line 12c:	
The Agency maintains an Ethical Conduct Policy, which includes provisions	
specifically addressing Conflicts of Interest. On an annual basis, the	
President of the Board of Trustees formally presents the Ethical Conduct	
Policy at a Board of Trustees meeting and distributes the policy to each	
Trustee along with a disclosure form that the Trustee must sign and return	
disclosing any conflicts of interest. In addition, the Personnel Committee	
and the Review Committee of the Board, both charged with Excess Benefit	
Transaction Review, meet annually to review Trustee conflict of interest	4
statements and to disclose Agency operations with executive management to	
ensure that any such activities are being appropriately reported and	
approved. The Conflict of Interest policy as described here applies to all	
Board members. Any person with a conflict of interest is prohibited from	
participating in deliberations or actions surrounding any applicable	

Scriedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization Lawrence Rall	· · · · · · · · · · · · · · · · · · ·	Employer identification number 36-2167771
Pension-Related Changes	698,873.	
Increase in Value of Beneficial Interest	334,079.	
Idle Property Expenses	-21,073.	
Total to Form 990, Part XI, Line 9	1,011,879.	
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