

**Cowart Reese Sargent, CPAs
64 Lynoak Cove
Jackson, TN 38305-2800
731-668-1806**

January 4, 2022

CONFIDENTIAL

McNeilly Center for Children, Inc.
100 MERIDIAN STREET
NASHVILLE, TN 37207-5922

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/21 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Cowart Reese Sargent, CPAs
64 Lynoak Cove
Jackson, TN 38305-2800

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Cowart Reese Sargent, CPAs

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21**u Do not send to the IRS. Keep for your records.**
u Go to www.irs.gov/Form8879EO for the latest information.**2020**

Name of exempt organization or person subject to tax

MCNEILLY CENTER FOR CHILDREN, INC.

Taxpayer identification number

62-0479366

Name and title of officer or person subject to tax

**ALYSSA DITURO
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, or **7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,648,161</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **COWART REESE SARGENT, CPAS** to enter my PIN **37207** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } **01/04/22****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62878737207

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **T. PAUL ANDERSON, CPA**Date } **01/04/22****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see back of form.**Form **8879-EO** (2020)

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **07/01/20**, and ending **06/30/21**

62-0479366

MCNEILLY CENTER FOR CHILDREN, INC.

Net Asset / Fund Balance at Beginning of Year **2,097,264**

Revenue

Contributions	<u>787,516</u>
Program service revenue	<u>1,807,264</u>
Investment income	<u>53,381</u>
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	<u>0</u>

Total revenue

2,648,161

Expenses

Program services	<u>1,939,044</u>
Management and general	<u>206,084</u>
Fundraising	<u>91,796</u>

Total expenses

2,236,924

Excess / (deficit)

411,237

Changes

Net Asset / Fund Balance at End of Year

2,508,501

Reconciliation of Revenue

Total revenue per financial statements	<u>2,648,161</u>
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>2,648,161</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,236,924</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>2,236,924</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,276,820</u>	<u>2,686,730</u>	
Liabilities	<u>179,556</u>	<u>178,229</u>	
Net assets	<u><u>2,097,264</u></u>	<u><u>2,508,501</u></u>	<u><u>411,237</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date **05/16/22**
 Failure to file penalty _____

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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.

OMB No. 1545-0047

2020**Open to Public Inspection****A** For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**MCNEILLY CENTER FOR CHILDREN, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

100 MERIDIAN STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NASHVILLE**TN 37207-5922****D** Employer identification number**62-0479366****E** Telephone number**615-255-2549****G** Gross receipts \$ **2,648,161****F** Name and address of principal officer:
ALYSSA DITURO
100 MERIDIAN AVE
NASHVILLE
TN 37207**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **u** **N/A****H(c)** Group exemption number **u****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u****L** Year of formation: **1916****M** State of legal domicile: **TN****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:**SEE SCHEDULE O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **18****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **18****5** Total number of individuals employed in calendar year 2020 (Part V, line 2a)**5** **68****6** Total number of volunteers (estimate if necessary)**6** **50****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **0****b** Net unrelated business taxable income from Form 990-T, Part I, line 11**7b** **0**

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

914,909**787,516****9** Program service revenue (Part VIII, line 2g)**2,377,429****1,807,264****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**27,215****53,381****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**0****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**3,319,553****2,648,161**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**0****14** Benefits paid to or for members (Part IX, column (A), line 4)**0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**2,077,354****1,769,385****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0****b** Total fundraising expenses (Part IX, column (D), line 25) **u** **91,796****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**633,591****467,539****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**2,710,945****2,236,924****19** Revenue less expenses. Subtract line 18 from line 12**608,608****411,237**

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

2,276,820**2,686,730****21** Total liabilities (Part X, line 26)**179,556****178,229****22** Net assets or fund balances. Subtract line 21 from line 20**2,097,264****2,508,501****Part II Signature Block**

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

Sign Here

Signature of officer

Date

ALYSSA DITURO**EXECUTIVE DIRECTOR**

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if

PTIN

T. PAUL ANDERSON, CPA**T. PAUL ANDERSON, CPA****01/04/22**

self-employed

P00462080Firm's name } **COWART REESE SARGENT, CPAS**Firm's EIN } **27-3218230**Firm's address } **64 LYNOAK COVE**Phone no. **731-668-1806**Firm's address } **JACKSON, TN 38305-2800**

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

DAA

Part 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:
SEE SCHEDULE O
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **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 services? ☐ Yes ☒ **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 services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,939,044** including grants of \$) (Revenue \$)
OUR GOAL, AS IT HAS BEEN SINCE 1916, IS TO PROVIDE HIGH QUALITY CHILD CARE TO CHILDREN SIX WEEKS TO 5 YEARS OF AGE THAT IS AFFORDABLE TO LOW INCOME FAMILIES WHICH INCLUDE INCOME-BASED SCHOLARSHIPS, PARENTING EDUCATION AND SUPPORT, PRESCHOOL LITERACY PROGRAM, PRE-K AND HEAD START PROGRAMS. OUR PROGRAMS ARE ACCREDITED THROUGH THE NAEYC AND ALL PROGRAMS ARE LICENSED THROUGH THE TN DEPARTMENT OF HUMAN SERVICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 1,939,044**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		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 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 68		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c 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 the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

	1a	18	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		18		
b Enter the number of voting members included on line 1a, above, who are independent	1b	18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
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 on Schedule O			9	X

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?	10a	X
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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

ALYSSA DITURO
NASHVILLE

100 MERIDAN AVE

TN 37207

615-255-2549

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BECCA ARNOLD	0.00									
BOARD MEMBER	0.00	X						0	0	0
(2) COURTNEY BACH	0.00									
BOARD MEMBER	0.00	X						0	0	0
(3) TOMMY BETHEL	0.00									
BOARD MEMBER	0.00	X						0	0	0
(4) DIANA FASSBENDER	0.00									
BOARD MEMBER	0.00	X						0	0	0
(5) MARY GORDON	0.00									
SECRETARY	0.00	X		X				0	0	0
(6) STEPHANIE GROUNDER	0.00									
VICE CHAIR	0.00	X		X				0	0	0
(7) ALISHA HADDOCK	0.00									
BOARD MEMBER	0.00	X						0	0	0
(8) OLIVIA HUGGINS	0.00									
BOARD MEMBER	0.00	X						0	0	0
(9) STRATTON HUGGINS	0.00									
PAST CHAIR	0.00	X						0	0	0
(10) ADAM COREY JARVIS	0.00									
CHAIR	0.00	X		X				0	0	0
(11) MARTY MAYER	0.00									
BOARD MEMBER	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SHERRY MCHALE	0.00									
BOARD MEMBER	0.00	X						0	0	0
(13) SEAN O'BRIEN	0.00									
TREASURER	0.00	X		X				0	0	0
(14) RENEASE PERKINS	0.00									
BOARD MEMBER	0.00	X						0	0	0
(15) CHRISTOPHER PURI	0.00									
BOARD MEMBER	0.00	X						0	0	0
(16) WHITNEY SCHICKLING	0.00									
BOARD MEMBER	0.00	X						0	0	0
(17) BROOKS SPELLINGS	0.00									
BOARD MEMBER	0.00	X						0	0	0
(18) MATT WOODS	0.00									
BOARD MEMBER	0.00	X						0	0	0
(19) ALYSSA DITURO	40.00									
EXECUTIVE DIRECTOR	0.00			X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	373,378					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	414,138					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f	u						787,516
Program Service Revenue	2a DHS REVENUES		Business Code					
				1,293,551	1,293,551			
	b GRANTS			355,796	355,796			
	c CHILD CARE FOOD PROGRAM			113,909	113,909			
	d CLIENT FEES			44,008	44,008			
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f	u		1,807,264				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			u	53,381	53,381		
	4 Income from investment of tax-exempt bond proceeds			u				
	5 Royalties			u				
			(i) Real	(ii) Personal				
	6a Gross rents	6a						
	b Less: rental expenses	6b						
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)			u				
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
	b Less: cost or other basis and sales exps.	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)			u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			8a				
	b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			u					
9a Gross income from gaming activities. See Part IV, line 19			9a					
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities			u					
10a Gross sales of inventory, less returns and allowances			10a					
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory			u					
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			u				
	12 Total revenue. See instructions			u	2,648,161	1,860,645	0	0

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,569,308	1,357,938	136,852	74,518
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	80,025	72,730	6,082	1,213
10 Payroll taxes	120,052	103,882	10,469	5,701
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	50,282	9,174	38,460	2,648
12 Advertising and promotion				
13 Office expenses	2,074	1,419	283	372
14 Information technology				
15 Royalties				
16 Occupancy	145,089	138,035	6,477	577
17 Travel	1,085	399	686	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,421	8,422	3,999	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,882	21,882		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	112,809	112,809		
b SUPPLIES	80,040	79,610	206	224
c MAINTENANCE	12,304	12,304		
d FIELD TRIPS	9,315	9,315		
e All other expenses	20,238	11,125	2,570	6,543
25 Total functional expenses. Add lines 1 through 24e	2,236,924	1,939,044	206,084	91,796
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	882,283	1	1,284,247
	2 Savings and temporary cash investments	907,755	2	796,493
	3 Pledges and grants receivable, net	158,722	3	99,064
	4 Accounts receivable, net	284	4	-3,875
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,130	9	51,623
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,463,134		
	b Less: accumulated depreciation	10b 1,161,375	10c	301,759
	11 Investments—publicly traded securities		11	157,419
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,276,820	16	2,686,730	
Liabilities	17 Accounts payable and accrued expenses	160,318	17	166,981
	18 Grants payable		18	
	19 Deferred revenue	19,238	19	11,248
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	179,556	26	178,229
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,064,335	27	2,440,733
	28 Net assets with donor restrictions	32,929	28	67,768
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,097,264	32	2,508,501
33 Total liabilities and net assets/fund balances	2,276,820	33	2,686,730	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,648,161
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,236,924
3	Revenue less expenses. Subtract line 2 from line 1	3	411,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,097,264
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,508,501

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on 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**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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

MCNEILLY CENTER FOR CHILDREN, INC.

Employer identification number

62-0479366**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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:
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ 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.)
- 9 ☐ 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:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	698,489	449,763	458,960	914,909	787,516	3,309,637
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	698,489	449,763	458,960	914,909	787,516	3,309,637
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3,309,637

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	698,489	449,763	458,960	914,909	787,516	3,309,637
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,309,637

12 Gross receipts from related activities, etc. (see instructions)	12	8,399,860
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13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	100.00 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2020. 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 ☐

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
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 (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****u** 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.**u** Attach to Form 990.**u** Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

Employer identification number

MCNEILLY CENTER FOR CHILDREN, INC.**62-0479366****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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
c 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year **u**

4 Number of states where property subject to conservation easement is located **u**

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u**

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** \$

8 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)?

9 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 FASB 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.

b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
b Permanent endowment **u** %
c Term endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,000		31,000
b Buildings				
c Leasehold improvements				
d Equipment		1,432,134	1,161,375	270,759
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				301,759

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements		1	2,648,161
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3	2,648,161	
4 Amounts included on Form 990, Part VIII, line 12, 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	4c		
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,648,161	

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1			Total expenses and losses per audited financial statements	1	2,236,924
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			
c	Other losses	2c			
d			Other (Describe in Part XIII.)	2d	
e			Add lines 2a through 2d	2e	
3			Subtract line 2e from line 1	3	2,236,924
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	4c	
5			Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,236,924

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

Part XIII Supplemental Information (continued)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

MCNEILLY CENTER FOR CHILDREN, INC.

Employer identification number

62-0479366

FORM 990 - ORGANIZATION'S MISSION

MCNEILLY CENTER FOR CHILDREN IS A NON-PROFIT CHILD CARE CENTER PROVIDING
QUALITY, AFFORDABLE CHILD CARE TO AGES 6 WEEKS THROUGH 5 YEARS OF AGE TO
NASHVILLE FAMILIES. BY OFFERING THIS SERVICE, PARENTS ARE ABLE TO ATTEND
SCHOOL, WORK AND/OR JOB TRAINING PROGRAMS. THIS ALLOWS THEM TO CREATE AND
SUSTAIN A BETTER LIFE FOR THEIR FAMILIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

Federal Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Land-MCNEILLY	1/01/68	0				0	0	-- Land	0	0
2	School-Age Building	5/01/99	0				0	0	HY	0	0
3	Thru the Wall Heater/Air-Rm6	1/13/98	0				0	0	HY	0	0
4	Security Covers-AC/Heat	2/10/98	0				0	0	HY	0	0
5	A/C-Dev/SA Corr Offices	5/18/00	0				0	0	HY	0	0
6	Remodel Bathrooms	9/01/00	0				0	0	HY	0	0
7	Trane TPAC-Rm8-1 of 2	7/30/03	0				0	0	HY	0	0
8	Trane TPAC-Rm8-2 of 2	7/30/03	0				0	0	HY	0	0
9	Bathroom Remod-Girls/Boys	10/13/04	0				0	0	HY	0	0
10	Bldg B.-CounterTops Remodeled	5/01/05	0				0	0	HY	0	0
11	Bldg B-Baseboards	7/14/05	0				0	0	HY	0	0
12	Bldg B- Glass in Windows	7/19/05	0				0	0	HY	0	0
13	Trane TPAC-RM 10-1 of 2	7/20/05	0				0	0	HY	0	0
14	Trane TPAC-RM 10 2 of 2	7/20/05	0				0	0	HY	0	0
15	Main Doors-Bldg B	11/14/08	0				0	0	HY	0	0
16	Electrical Rm Door	5/26/09	0				0	0	HY	0	0
17	Amana TPAC Unite-Rm 6	2/09/10	0				0	0	HY	0	0
18	Amana TPAC Unit-Rm 11	5/26/10	0				0	0	HY	0	0
19	Amana TPAC Unit-Rm 11	8/09/10	0				0	0	HY	0	0
20	A/C unit RM7	4/30/13	0				0	0	HY	0	0
21	New Work Rm	6/15/94	0				0	0	HY	0	0
22	Adm. Asst Office	3/31/93	0				0	0	HY	0	0
23	Rm3-Circular Rm	11/30/92	0				0	0	HY	0	0
24	Insulation	8/19/79	0				0	0	HY	0	0
25	Door	11/01/79	0				0	0	HY	0	0
26	Ceiling Tile Replac	5/01/91	0				0	0	HY	0	0
27	Paving Drive	6/22/95	0				0	0	HY	0	0
28	Floor Tile	6/30/95	0				0	0	HY	0	0
29	Parking Lot Fencing	6/19/95	0				0	0	HY	0	0
30	AC/Heater-Dining Rm	8/16/96	0				0	0	HY	0	0
31	Rm2-Cabinet w/ formica top	2/28/97	0				0	0	HY	0	0
32	Security Door Release	9/24/97	0				0	0	HY	0	0
33	Dining Rm-Replace Heating Exchange	10/10/97	0				0	0	HY	0	0
34	Bldg.A-Ceilig Lights	9/30/99	0				0	0	HY	0	0
35	Kitchen Back Door	1/31/00	0				0	0	HY	0	0
36	Gas Piping-BldgA-O'Brian Heat	10/08/02	0				0	0	HY	0	0
37	Rm5-Sink/Vanity	12/28/01	0				0	0	HY	0	0
38	Fire Monitors-Bldg. A(ADT)	9/30/02	0				0	0	HY	0	0
39	AC/Heat-Admin Offices	3/31/03	0				0	0	HY	0	0
40	AC/Heat-Rm 5	2/12/03	0				0	0	HY	0	0
41	Concrete Pad under Dumpster	5/27/03	0				0	0	HY	0	0
42	Concrete Ramp-Bldg A-Front Dr	6/20/03	0				0	0	HY	0	0
43	Auto FaucetsCombo-Rm 1 2 4 5	9/02/03	0				0	0	HY	0	0
44	Remodeled cabinet/sinks*	9/02/03	0				0	0	HY	0	0
45	Tile in BR and sink area*	3/31/04	0				0	0	HY	0	0
46	Heil 5-ton A/C-Kitchen	9/17/04	0				0	0	HY	0	0
47	Bldg A-Outside Doors-Rm 2	7/19/06	0				0	0	HY	0	0
48	Bldg A-Replace 4 Glass Windows	7/19/06	0				0	0	HY	0	0
49	Counter Tops-Bus Off/Prog Dir	8/24/07	0				0	0	HY	0	0
50	Updated Fire Alarm System	2/19/08	0				0	0	HY	0	0
51	Main Outside Back Door	4/30/09	0				0	0	HY	0	0
52	Goodman 3-Ton A/C-Rm 1	5/27/09	0				0	0	HY	0	0
53	Wall dividing Room 1A&B	10/31/10	0				0	0	HY	0	0
54	Tempstar 3.5 Ton-RM#4	11/18/11	0				0	0	HY	0	0
55	HVAC-Rm2	7/03/12	0				0	0	HY	0	0
56	Building	1/01/68	0				0	0	HY	0	0
57	Improvements	1/01/73	0				0	0	HY	0	0
58	Bathroom Renovation	5/02/94	0				0	0	HY	0	0
59	Rm 1 Renovation	8/30/94	0				0	0	HY	0	0
60	2 new Development Offices	2/28/08	0				0	0	HY	0	0
61	Building A Roof	9/01/12	0				0	0	HY	0	0
62	BYE BYE Buggy	3/31/00	0				0	0	HY	0	0
63	BYE BYE Buggy	3/31/00	0				0	0	HY	0	0
66	CPR Manikin Kit	2/03/05	0				0	0	HY	0	0
76	Hatch-Rm4-086659	12/10/09	0				0	0	HY	0	0
77	Hatch-Rm4-086799	12/10/09	0				0	0	HY	0	0
78	Lenova Comp-Rm6-1352989	1/05/10	0				0	0	HY	0	0
79	MSI Windtop- Rm11	6/10/10	0				0	0	HY	0	0
80	MSI Windtop-Rm 10	6/10/10	0				0	0	HY	0	0

Federal Asset Report

FYE: 6/30/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
81	MSI Windtop-RM 9	6/10/10	0				0	0	HY	0	0
82	MSI Windtop-RM 8	6/10/10	0				0	0	HY	0	0
83	MSI Wintop-RM 7	6/10/10	0				0	0	HY	0	0
84	MSI Wintop-RM 6	6/10/10	0				0	0	HY	0	0
85	Changing table-Rm 2	9/13/10	0				0	0	HY	0	0
86	HATCH Comp-RM 5-#1027412	1/17/11	0				0	0	HY	0	0
87	HATCH Comp-RM 10-1027112	1/17/11	0				0	0	HY	0	0
88	P/S Playground RenoPowell/ABC	5/15/00	0				0	0	HY	0	0
89	Storage Building	8/15/00	0				0	0	HY	0	0
90	Parking Lot C (by P/S Playground)	8/01/06	0				0	0	HY	0	0
91	Fencing -Parking Lot c	7/01/06	0				0	0	HY	0	0
92	Sink	1/01/68	0				0	0	HY	0	0
93	3 Door Freezer	5/13/94	0				0	0	HY	0	0
95	Fryer Hood	6/20/96	0				0	0	HY	0	0
96	Fire Ext-Fire Hood	6/20/96	0				0	0	HY	0	0
97	SidexSide Refrigerator	7/13/98	0				0	0	HY	0	0
98	Dishwasher	8/13/99	0				0	0	HY	0	0
99	Water Heater(Boiler Rm)	6/27/01	0				0	0	HY	0	0
100	Vulcan Range/Oven	4/03/03	0				0	0	HY	0	0
101	Food Cart-insulated-red	5/30/03	0				0	0	HY	0	0
102	Food Cart-insulated-navy	5/30/03	0				0	0	HY	0	0
103	Oven Duke Convection	12/18/03	0				0	0	HY	0	0
104	Booster Water Heater	6/28/04	0				0	0	HY	0	0
105	Upright Freezer-Laundry Room	2/28/08	0				0	0	HY	0	0
106	UL300 Fire System	4/30/12	0				0	0	HY	0	0
107	ICE-O-Matic Ice Machanie	8/13/12	0				0	0	HY	0	0
108	Fully depreciated Kitchen Eq	1/01/68	0				0	0	HY	0	0
109	2 Picnic Tables	5/27/05	0				0	0	HY	0	0
110	1 ABC Fence	5/30/05	0				0	0	HY	0	0
111	1 ABC Fence	5/31/05	0				0	0	HY	0	0
112	1 ABC Fence	6/02/05	0				0	0	HY	0	0
113	Todder PG Refenced	5/10/94	0				0	0	HY	0	0
114	Fence-enclosing Dumpster	8/08/97	0				0	0	HY	0	0
115	Fence-Entire grounds	6/16/98	0				0	0	HY	0	0
116	Fencing-Divider	7/16/98	0				0	0	HY	0	0
117	Rebuild cover-Tod.PG	7/13/99	0				0	0	HY	0	0
118	Playground Timbers	9/08/10	0				0	0	HY	0	0
119	3 AC Enclosures gate	11/30/12	0				0	0	HY	0	0
120	Fully Depreciated	1/01/68	0				0	0	HY	0	0
121	File Cabinet	9/29/78	0				0	0	HY	0	0
122	New Security System	2/13/95	0				0	0	HY	0	0
125	Phone System-Upgrade NORSTAR	4/30/03	0				0	0	HY	0	0
126	GreatPlains Software-Bus.Off(Dynamics	5/29/03	0				0	0	HY	0	0
127	Gift Maker Pro Program-Dev. Office	7/01/03	0				0	0	HY	0	0
131	Aiphone Intercom	5/31/07	0				0	0	HY	0	0
132	Aiphone Intercom-Amplifier	8/27/07	0				0	0	HY	0	0
135	Dell Projector & Screen	11/19/07	0				0	0	HY	0	0
136	Development Software Prog	8/13/08	0				0	0	HY	0	0
139	Receptionist Desk	9/22/10	0				0	0	HY	0	0
145	AC Unit	9/11/18	0				0	0	HY	0	0
146	Heating & Cooling unit Room 5	2/15/19	0				0	0	HY	0	0
147	Fire Alarm System	6/19/19	0				0	0	HY	0	0
148	Roofing	1/09/20	0				0	0	HY	0	0
Total Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Grand Totals			0				0			0	0
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

AMT Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Land-MCNEILLY	1/01/68	0				0	0	HY	0	0
2	School-Age Building	5/01/99	0				0	0	HY	0	0
3	Thru the Wall Heater/Air-Rm6	1/13/98	0				0	0	HY	0	0
4	Security Covers-AC/Heat	2/10/98	0				0	0	HY	0	0
5	A/C-Dev/SA Corr Offices	5/18/00	0				0	0	HY	0	0
6	Remodel Bathrooms	9/01/00	0				0	0	HY	0	0
7	Trane TPAC-Rm8-1 of 2	7/30/03	0				0	0	HY	0	0
8	Trane TPAC-Rm8-2 of 2	7/30/03	0				0	0	HY	0	0
9	Bathroom Remod-Girls/Boys	10/13/04	0				0	0	HY	0	0
10	Bldg B.-CounterTops Remodeled	5/01/05	0				0	0	HY	0	0
11	Bldg B-Baseboards	7/14/05	0				0	0	HY	0	0
12	Bldg B- Glass in Windows	7/19/05	0				0	0	HY	0	0
13	Trane TPAC-RM 10-1 of 2	7/20/05	0				0	0	HY	0	0
14	Trane TPAC-RM 10 2 of 2	7/20/05	0				0	0	HY	0	0
15	Main Doors-Bldg B	11/14/08	0				0	0	HY	0	0
16	Electrical Rm Door	5/26/09	0				0	0	HY	0	0
17	Amana TPAC Unite-Rm 6	2/09/10	0				0	0	HY	0	0
18	Amana TPAC Unit-Rm 11	5/26/10	0				0	0	HY	0	0
19	Amana TPAC Unit-Rm 11	8/09/10	0				0	0	HY	0	0
20	A/C unit RM7	4/30/13	0				0	0	HY	0	0
21	New Work Rm	6/15/94	0				0	0	HY	0	0
22	Adm. Asst Office	3/31/93	0				0	0	HY	0	0
23	Rm3-Circular Rm	11/30/92	0				0	0	HY	0	0
24	Insulation	8/19/79	0				0	0	HY	0	0
25	Door	11/01/79	0				0	0	HY	0	0
26	Ceiling Tile Replac	5/01/91	0				0	0	HY	0	0
27	Paving Drive	6/22/95	0				0	0	HY	0	0
28	Floor Tile	6/30/95	0				0	0	HY	0	0
29	Parking Lot Fencing	6/19/95	0				0	0	HY	0	0
30	AC/Heater-Dining Rm	8/16/96	0				0	0	HY	0	0
31	Rm2-Cabinet w/ formica top	2/28/97	0				0	0	HY	0	0
32	Security Door Release	9/24/97	0				0	0	HY	0	0
33	Dining Rm-Replace Heating Exchange	10/10/97	0				0	0	HY	0	0
34	Bldg.A-Ceilig Lights	9/30/99	0				0	0	HY	0	0
35	Kitchen Back Door	1/31/00	0				0	0	HY	0	0
36	Gas Piping-BldgA-O'Brian Heat	10/08/02	0				0	0	HY	0	0
37	Rm5-Sink/Vanity	12/28/01	0				0	0	HY	0	0
38	Fire Monitors-Bldg. A(ADT)	9/30/02	0				0	0	HY	0	0
39	AC/Heat-Admin Offices	3/31/03	0				0	0	HY	0	0
40	AC/Heat-Rm 5	2/12/03	0				0	0	HY	0	0
41	Concrete Pad under Dumpster	5/27/03	0				0	0	HY	0	0
42	Concrete Ramp-Bldg A-Front Dr	6/20/03	0				0	0	HY	0	0
43	Auto FaucetsCombo-Rm 1 2 4 5	9/02/03	0				0	0	HY	0	0
44	Remodeled cabinet/sinks*	9/02/03	0				0	0	HY	0	0
45	Tile in BR and sink area*	3/31/04	0				0	0	HY	0	0
46	Heil 5-ton A/C-Kitchen	9/17/04	0				0	0	HY	0	0
47	Bldg A-Outside Doors-Rm 2	7/19/06	0				0	0	HY	0	0
48	Bldg A-Replace 4 Glass Windows	7/19/06	0				0	0	HY	0	0
49	Counter Tops-Bus Off/Prog Dir	8/24/07	0				0	0	HY	0	0
50	Updated Fire Alarm System	2/19/08	0				0	0	HY	0	0
51	Main Outside Back Door	4/30/09	0				0	0	HY	0	0
52	Goodman 3-Ton A/C-Rm 1	5/27/09	0				0	0	HY	0	0
53	Wall dividing Room 1A&B	10/31/10	0				0	0	HY	0	0
54	Tempstar 3.5 Ton-RM#4	11/18/11	0				0	0	HY	0	0
55	HVAC-Rm2	7/03/12	0				0	0	HY	0	0
56	Building	1/01/68	0				0	0	HY	0	0
57	Improvements	1/01/73	0				0	0	HY	0	0
58	Bathroom Renovation	5/02/94	0				0	0	HY	0	0
59	Rm 1 Renovation	8/30/94	0				0	0	HY	0	0
60	2 new Development Offices	2/28/08	0				0	0	HY	0	0
61	Building A Roof	9/01/12	0				0	0	HY	0	0
62	BYE BYE Buggy	3/31/00	0				0	0	HY	0	0
63	BYE BYE Buggy	3/31/00	0				0	0	HY	0	0
66	CPR Manikin Kit	2/03/05	0				0	0	HY	0	0
76	Hatch-Rm4-086659	12/10/09	0				0	0	HY	0	0
77	Hatch-Rm4-086799	12/10/09	0				0	0	HY	0	0
78	Lenova Comp-Rm6-1352989	1/05/10	0				0	0	HY	0	0
79	MSI Windtop- Rm11	6/10/10	0				0	0	HY	0	0
80	MSI Windtop-Rm 10	6/10/10	0				0	0	HY	0	0

3007382 McNeilly Center for Children, Inc.

62-0479366

AMT Asset Report

FYE: 6/30/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
81	MSI Windtop-RM 9	6/10/10	0				0	0	HY	0	0
82	MSI Windtop-RM 8	6/10/10	0				0	0	HY	0	0
83	MSI Wintop-RM 7	6/10/10	0				0	0	HY	0	0
84	MSI Wintop-RM 6	6/10/10	0				0	0	HY	0	0
85	Changing table-Rm 2	9/13/10	0				0	0	HY	0	0
86	HATCH Comp-RM 5-#1027412	1/17/11	0				0	0	HY	0	0
87	HATCH Comp-RM 10-1027112	1/17/11	0				0	0	HY	0	0
88	P/S Playground RenoPowell/ABC	5/15/00	0				0	0	HY	0	0
89	Storage Building	8/15/00	0				0	0	HY	0	0
90	Parking Lot C (by P/S Playground)	8/01/06	0				0	0	HY	0	0
91	Fencing -Parking Lot c	7/01/06	0				0	0	HY	0	0
92	Sink	1/01/68	0				0	0	HY	0	0
93	3 Door Freezer	5/13/94	0				0	0	HY	0	0
95	Fryer Hood	6/20/96	0				0	0	HY	0	0
96	Fire Ext-Fire Hood	6/20/96	0				0	0	HY	0	0
97	SidexSide Refrigerator	7/13/98	0				0	0	HY	0	0
98	Dishwasher	8/13/99	0				0	0	HY	0	0
99	Water Heater(Boiler Rm)	6/27/01	0				0	0	HY	0	0
100	Vulcan Range/Oven	4/03/03	0				0	0	HY	0	0
101	Food Cart-insulated-red	5/30/03	0				0	0	HY	0	0
102	Food Cart-insulated-navy	5/30/03	0				0	0	HY	0	0
103	Oven Duke Convection	12/18/03	0				0	0	HY	0	0
104	Booster Water Heater	6/28/04	0				0	0	HY	0	0
105	Upright Freezer-Laundry Room	2/28/08	0				0	0	HY	0	0
106	UL300 Fire System	4/30/12	0				0	0	HY	0	0
107	ICE-O-Matic Ice Machanie	8/13/12	0				0	0	HY	0	0
108	Fully depreciated Kitchen Eq	1/01/68	0				0	0	HY	0	0
109	2 Picnic Tables	5/27/05	0				0	0	HY	0	0
110	1 ABC Fence	5/30/05	0				0	0	HY	0	0
111	1 ABC Fence	5/31/05	0				0	0	HY	0	0
112	1 ABC Fence	6/02/05	0				0	0	HY	0	0
113	Todder PG Refenced	5/10/94	0				0	0	HY	0	0
114	Fence-enclosing Dumpster	8/08/97	0				0	0	HY	0	0
115	Fence-Entire grounds	6/16/98	0				0	0	HY	0	0
116	Fencing-Divider	7/16/98	0				0	0	HY	0	0
117	Rebuild cover-Tod.PG	7/13/99	0				0	0	HY	0	0
118	Playground Timbers	9/08/10	0				0	0	HY	0	0
119	3 AC Enclosures gate	11/30/12	0				0	0	HY	0	0
120	Fully Depreciated	1/01/68	0				0	0	HY	0	0
121	File Cabinet	9/29/78	0				0	0	HY	0	0
122	New Security System	2/13/95	0				0	0	HY	0	0
125	Phone System-Upgrade NORSTAR	4/30/03	0				0	0	HY	0	0
126	GreatPlains Software-Bus.Off(Dynamics	5/29/03	0				0	0	HY	0	0
127	Gift Maker Pro Program-Dev. Office	7/01/03	0				0	0	HY	0	0
131	Aiphone Intercom	5/31/07	0				0	0	HY	0	0
132	Aiphone Intercom-Amplifier	8/27/07	0				0	0	HY	0	0
135	Dell Projector & Screen	11/19/07	0				0	0	HY	0	0
136	Development Software Prog	8/13/08	0				0	0	HY	0	0
139	Receptionist Desk	9/22/10	0				0	0	HY	0	0
145	AC Unit	9/11/18	0				0	0	HY	0	0
146	Heating & Cooling unit Room 5	2/15/19	0				0	0	HY	0	0
147	Fire Alarm System	6/19/19	0				0	0	HY	0	0
148	Roofing	1/09/20	0				0	0	HY	0	0
Total Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Grand Totals			0				0			0	0
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

3007382 McNeilly Center for Children, Inc.

62-0479366

FYE: 6/30/2021

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	Land-MCNEILLY	1/01/68	0	0	0
2	School-Age Building	5/01/99	0	0	0
3	Thru the Wall Heater/Air-Rm6	1/13/98	0	0	0
4	Security Covers-AC/Heat	2/10/98	0	0	0
5	A/C-Dev/SA Corr Offices	5/18/00	0	0	0
6	Remodel Bathrooms	9/01/00	0	0	0
7	Trane TPAC-Rm8-1 of 2	7/30/03	0	0	0
8	Trane TPAC-Rm8-2 of 2	7/30/03	0	0	0
9	Bathroom Remod-Girls/Boys	10/13/04	0	0	0
10	Bldg B.-CounterTops Remodeled	5/01/05	0	0	0
11	Bldg B-Baseboards	7/14/05	0	0	0
12	Bldg B- Glass in Windows	7/19/05	0	0	0
13	Trane TPAC-RM 10-1 of 2	7/20/05	0	0	0
14	Trane TPAC-RM 10 2 of 2	7/20/05	0	0	0
15	Main Doors-Bldg B	11/14/08	0	0	0
16	Electrical Rm Door	5/26/09	0	0	0
17	Amana TPAC Unite-Rm 6	2/09/10	0	0	0
18	Amana TPAC Unit-Rm 11	5/26/10	0	0	0
19	Amana TPAC Unit-Rm 11	8/09/10	0	0	0
20	A/C unit RM7	4/30/13	0	0	0
21	New Work Rm	6/15/94	0	0	0
22	Adm. Asst Office	3/31/93	0	0	0
23	Rm3-Circular Rm	11/30/92	0	0	0
24	Insulation	8/19/79	0	0	0
25	Door	11/01/79	0	0	0
26	Ceiling Tile Replac	5/01/91	0	0	0
27	Paving Drive	6/22/95	0	0	0
28	Floor Tile	6/30/95	0	0	0
29	Parking Lot Fencing	6/19/95	0	0	0
30	AC/Heater-Dining Rm	8/16/96	0	0	0
31	Rm2-Cabinet w/ formica top	2/28/97	0	0	0
32	Security Door Release	9/24/97	0	0	0
33	Dining Rm-Replace Heating Exchange	10/10/97	0	0	0
34	Bldg.A-Ceilig Lights	9/30/99	0	0	0
35	Kitchen Back Door	1/31/00	0	0	0
36	Gas Piping-BldgA-O'Brian Heat	10/08/02	0	0	0
37	Rm5-Sink/Vanity	12/28/01	0	0	0
38	Fire Monitors-Bldg. A(ADT)	9/30/02	0	0	0
39	AC/Heat-Admin Offices	3/31/03	0	0	0
40	AC/Heat-Rm 5	2/12/03	0	0	0
41	Concrete Pad under Dumpster	5/27/03	0	0	0
42	Concrete Ramp-Bldg A-Front Dr	6/20/03	0	0	0
43	Auto FaucetsCombo-Rm 1 2 4 5	9/02/03	0	0	0
44	Remodeled cabinet/sinks*	9/02/03	0	0	0
45	Tile in BR and sink area*	3/31/04	0	0	0
46	Heil 5-ton A/C-Kitchen	9/17/04	0	0	0
47	Bldg A-Outside Doors-Rm 2	7/19/06	0	0	0
48	Bldg A-Replace 4 Glass Windows	7/19/06	0	0	0
49	Counter Tops-Bus Off/Prog Dir	8/24/07	0	0	0
50	Updated Fire Alarm System	2/19/08	0	0	0
51	Main Outside Back Door	4/30/09	0	0	0
52	Goodman 3-Ton A/C-Rm 1	5/27/09	0	0	0
53	Wall dividing Room 1A&B	10/31/10	0	0	0
54	Tempstar 3.5 Ton-RM#4	11/18/11	0	0	0
55	HVAC-Rm2	7/03/12	0	0	0
56	Building	1/01/68	0	0	0
57	Improvements	1/01/73	0	0	0
58	Bathroom Renovation	5/02/94	0	0	0
59	Rm 1 Renovation	8/30/94	0	0	0
60	2 new Development Offices	2/28/08	0	0	0
61	Building A Roof	9/01/12	0	0	0
62	BYE BYE Buggy	3/31/00	0	0	0
63	BYE BYE Buggy	3/31/00	0	0	0
66	CPR Manikin Kit	2/03/05	0	0	0
76	Hatch-Rm4-086659	12/10/09	0	0	0
77	Hatch-Rm4-086799	12/10/09	0	0	0
78	Lenova Comp-Rm6-1352989	1/05/10	0	0	0

Future Depreciation Report**FYE: 6/30/22**

FYE: 6/30/2021

Asset	Description	Date In Service	Cost	Tax	AMT
79	MSI Windtop- Rm11	6/10/10	0	0	0
80	MSI Windtop-Rm 10	6/10/10	0	0	0
81	MSI Windtop-RM 9	6/10/10	0	0	0
82	MSI Windtop-RM 8	6/10/10	0	0	0
83	MSI Wintop-RM 7	6/10/10	0	0	0
84	MSI Wintop-RM 6	6/10/10	0	0	0
85	Changing table-Rm 2	9/13/10	0	0	0
86	HATCH Comp-RM 5-#1027412	1/17/11	0	0	0
87	HATCH Comp-RM 10-1027112	1/17/11	0	0	0
88	P/S Playground RenoPowell/ABC	5/15/00	0	0	0
89	Storage Building	8/15/00	0	0	0
90	Parking Lot C (by P/S Playground)	8/01/06	0	0	0
91	Fencing -Parking Lot c	7/01/06	0	0	0
92	Sink	1/01/68	0	0	0
93	3 Door Freezer	5/13/94	0	0	0
95	Fryer Hood	6/20/96	0	0	0
96	Fire Ext-Fire Hood	6/20/96	0	0	0
97	SidexSide Refrigerator	7/13/98	0	0	0
98	Dishwasher	8/13/99	0	0	0
99	Water Heater(Boiler Rm)	6/27/01	0	0	0
100	Vulcan Range/Oven	4/03/03	0	0	0
101	Food Cart-insulated-red	5/30/03	0	0	0
102	Food Cart-insulated-navy	5/30/03	0	0	0
103	Oven Duke Convection	12/18/03	0	0	0
104	Booster Water Heater	6/28/04	0	0	0
105	Upright Freezer-Laundry Room	2/28/08	0	0	0
106	UL300 Fire System	4/30/12	0	0	0
107	ICE-O-Matic Ice Machanie	8/13/12	0	0	0
108	Fully depreciated Kitchen Eq	1/01/68	0	0	0
109	2 Picnic Tables	5/27/05	0	0	0
110	1 ABC Fence	5/30/05	0	0	0
111	1 ABC Fence	5/31/05	0	0	0
112	1 ABC Fence	6/02/05	0	0	0
113	Todder PG Refenced	5/10/94	0	0	0
114	Fence-enclosing Dumpster	8/08/97	0	0	0
115	Fence-Entire grounds	6/16/98	0	0	0
116	Fencing-Divider	7/16/98	0	0	0
117	Rebuild cover-Tod.PG	7/13/99	0	0	0
118	Playground Timbers	9/08/10	0	0	0
119	3 AC Enclosures gate	11/30/12	0	0	0
120	Fully Depreciated	1/01/68	0	0	0
121	File Cabinet	9/29/78	0	0	0
122	New Security System	2/13/95	0	0	0
125	Phone System-Upgrade NORSTAR	4/30/03	0	0	0
126	GreatPlains Software-Bus.Off(Dynamics	5/29/03	0	0	0
127	Gift Maker Pro Program-Dev. Office	7/01/03	0	0	0
131	Aiphone Intercom	5/31/07	0	0	0
132	Aiphone Intercom-Amplifier	8/27/07	0	0	0
135	Dell Projector & Screen	11/19/07	0	0	0
136	Development Software Prog	8/13/08	0	0	0
139	Receptionist Desk	9/22/10	0	0	0
145	AC Unit	9/11/18	0	0	0
146	Heating & Cooling unit Room 5	2/15/19	0	0	0
147	Fire Alarm System	6/19/19	0	0	0
148	Roofing	1/09/20	0	0	0
Total Other Depreciation			<u>0</u>	<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>0</u>	<u>0</u>	<u>0</u>

Form 990	Two Year Comparison Report For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21	2019 & 2020
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Name

Taxpayer Identification Number

MCNEILLY CENTER FOR CHILDREN, INC.**62-0479366**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 914,909	787,516	-127,393
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 2,377,429	1,807,264	-570,165
	5. Investment income	5. 27,215	53,381	26,166
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 3,319,553	2,648,161	-671,392
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 2,077,354	1,769,385	-307,969
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 35,842	50,282	14,440
	19. Occupancy, rent, utilities, and maintenance	19. 209,764	145,089	-64,675
	20. Depreciation and Depletion	20. 22,224	21,882	-342
	21. Other expenses	21. 365,761	250,286	-115,475
	22. Total expenses. Add lines 13 through 21	22. 2,710,945	2,236,924	-474,021
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 608,608	411,237	-197,371
Other Information	24. Total exempt revenue	24. 3,319,553	2,648,161	-671,392
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 2,404,644	1,860,645	-543,999
	27. Total assets	27. 2,276,820	2,686,730	409,910
	28. Total liabilities	28. 179,556	178,229	-1,327
	29. Retained earnings	29. 2,097,264	2,508,501	411,237
	30. Number of voting members of governing body	30. 16	18	
	31. Number of independent voting members of governing body	31. 16	18	
	32. Number of employees	32. 77	68	
	33. Number of volunteers	33. 150	50	

Form 990	Tax Return History	2020
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Name MCNEILLY CENTER FOR CHILDREN, INC.	Employer Identification Number 62-0479366
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants		449,763	458,960	914,909	787,516	
Membership dues						
Program service revenue		2,003,053	2,106,260	2,377,429	1,807,264	
Capital gain or loss		681,337				
Investment income		9,298	15,960	27,215	53,381	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		3,143,451	2,581,180	3,319,553	2,648,161	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		1,797,458	1,823,271	2,077,354	1,769,385	
Professional fees		33,479	40,065	35,842	50,282	
Occupancy costs		214,593	200,245	209,764	145,089	
Depreciation and depletion		28,464	20,812	22,224	21,882	
Other expenses		363,660	392,954	365,761	250,286	
Total expenses		2,437,654	2,477,347	2,710,945	2,236,924	
Excess or (Deficit)		705,797	103,833	608,608	411,237	
Total exempt revenue		3,143,451	2,581,180	3,319,553	2,648,161	
Total unrelated revenue						
Total excludable revenue		2,693,688	2,122,220	2,404,644	1,860,645	
Total Assets		1,558,842	1,651,162	2,276,820	2,686,730	
Total Liabilities		174,019	162,506	179,556	178,229	
Net Fund Balances	831,969	1,384,823	1,488,656	2,097,264	2,508,501	

3007382 McNeilly Center for Children, Inc.

62-0479366

FYE: 6/30/2021

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL SERVICES	\$ 50,282	\$ 9,174	\$ 38,460	\$ 2,648
TOTAL	\$ 50,282	\$ 9,174	\$ 38,460	\$ 2,648

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MINOR EQUIPMENT PURCHASES	\$ 7,633	\$ 5,633	\$ 2,000	\$
MISCELLANEOUS	6,085		56	6,029
COMMUNICATION	4,390	3,362	514	514
DUES & LICENSES	2,130	2,130		
TOTAL	\$ 20,238	\$ 11,125	\$ 2,570	\$ 6,543

3007382 McNeilly Center for Children, Inc.
62-0479366
FYE: 6/30/2021

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
UNITED WAY	\$ 373,378
DONATIONS AND GIFTS	44,875
PPP LOAN FORGIVENESS	359,365
OTHER MISCELLANEOUS INCOME	9,898
TOTAL	<u>\$ 787,516</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
CHILD CARE FOOD PROGRAM	\$ 113,909
DHS REVENUES	1,293,551
CLIENT FEES	44,008
GRANTS	355,796
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	23,383
ENDOWMENT-NET OF TRUST FEES	29,998
TOTAL	<u>\$ 1,860,645</u>