(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

A F	or th	e 2019	calendar year, or tax year beginning	, 2019	, and ending				, 20		
_			C Name of organization				D Employer idea	ntificatio	n numb	er	
ВС	heck if a	pplicable:	SHEFFIELD PLACE				43-1532	2267			
	Addre		Doing business as								
	7	change	Number and street (or P.O. box if mail is not delivered to street ad	dress)	Room/suite	İ	E Telephone nui	nber			
	+	return	6604 E. 12TH STREET				(816) 48	3 – 992	27		
	Final	return/	City or town, state or province, country, and ZIP or foreign postal	code		T I	( ,				
	termi Amer		KANSAS CITY, MO 64126				<b>G</b> Gross receipts	\$	3.	297	,598.
		cation	F Name and address of principal officer: KELLY WELCH				H(a) Is this a grou			Yes	X No
	_ pend	ing	6604 E. 12TH STREET, KANSAS CITY,				subordinates	?	_	Yes	No
_	Toy or	empt st					H(b) Are all subord  If "No," att			,	$\Box$
			ratus: $X = 501(c)(3) = 501(c)( )$ (insert no.)  WWW.SHEFFIELDPLACE.ORG	4947(a)(1)	or 52	27				uctions)	
_					LV	- ( ( 1)	<b>H(c)</b> Group exemption: 1989 <b>M</b> :				MO
				er 🕨	L Year	or formati	on: 1909 W	state of	iegai do	miclie:	
F	art I		ımmary	EMDON	IDD IIOMDI	. ECC I	ACMENT AND	רקווים	r D		
	1		y describe the organization's mission or most significant activ LDREN TO HEAL FROM THEIR TRAUMA AND					11151	LK		
Governance		СПІ	LDREN TO HEAL FROM THEIR TRAUMA AND	DECOME SE	TL-20LL	LCIEN.	1.				
rna	_										
Š	2		k this box 🕨 🔛 if the organization discontinued its opera	•				I I			0.1
Ğ	3		per of voting members of the governing body (Part VI, line 1a					3			21.
Š	4		per of independent voting members of the governing body (F					4			21.
Activities &	5		number of individuals employed in calendar year 2019 (Part					5			32.
妄	6		number of volunteers (estimate if necessary)					6			525.
⋖	7a	Total	unrelated business revenue from Part VIII, column (C), line 12	2				7a			0.
	b	Net u	nrelated business taxable income from Form 990-T, line 39	<u> </u>		<u></u>		7b			
							Prior Year		Curi	rent Ye	ear
Ф	8	Contri	ibutions and grants (Part VIII, line 1h)				1,471,73	2.	3,	075,	,136.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)				43,23				,730.
ě	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)				4,36	- 1		10	,226.
œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)			-62,90	8.		-32,	,932.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, colun	nn (A), line 12)			1,456,42	8.	3,	104,	,160.
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)					0.			0.
	14	Benef	fits paid to or for members (Part IX, column (A), line 4)					0.			0.
S	15		es, other compensation, employee benefits (Part IX, column (				882,61	7.	1,	015,	,513.
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)					0.		25,	,300.
ğ			fundraising expenses (Part IX, column (D), line 25) ▶	78,286							
Ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				388,72	6.		483	,884.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), I				1,271,34	3.	1,	524,	,697.
	19		nue less expenses. Subtract line 18 from line 12				185,08	5.	1,	579	463.
or							ning of Current Y	ear	End	of Yea	r
ets	20	Total	assets (Part X, line 16)				1,962,69	9.	3,	559	,852.
Ass I Ba	21		liabilities (Part X, line 26)				77,04	9.			739.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20				1,885,65	0.	3,	465	113.
	rt II		gnature Block		<u> </u>						
			of perjury, I declare that I have examined this return, including according	ompanying sched	dules and state	ments, ar	nd to the best of	my kno	wledge	and be	elief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all	information of wh	nich preparer h	as any kn	owledge.				
							08/0	3/202	20		
Sig	n	5	Signature of officer				Date	•			
He	re		KELLY WELCH	EXECUT	IVE DIR	ECTOR					
		_	Type or print name and title								
			Type preparer's name Preparer's signature		Date		Check X	; PTI	N		
Paic	I		FREY J MCMULLEN			2/2020	_	"	P006	5092	3
Pre	oarer		DICHER CHANEL C MOMILIER DATE I		1 307 02		Firm's EIN ▶ 4				
Use	Only		s name PICKETT, CHANEY & MCMULLEN LLI s address >9401 W. 87TH STREET, SUITE 200 OVERLAND PAR		2755			13-4			
Mar	/ the		saddress \$\infty\)9401 W. 87TH STREET, SULTE 200 OVERLAND PAR liscuss this return with the preparer shown above? (see							es	N.c.
			Reduction Act Notice, see the separate instructions.	70 II IOU UUU II IS	' <u>/                                    </u>						No (2019)
	. upc		readonon not rection, one the departue monutations.						1 011		(LUIJ)

# Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB	Nο	154	5.1	A7	£

Department of the Treasury

For calendar year 2019, or fiscal year beginning

Do not send to the IRS. Keep for your records.

Internal Revenue Service Name of exempt organization ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number 43-1532267

SHEFFIELD PLACE Name and title of officer

KELLY WELCH, EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,104,160
2a	Form 990-EZ check here F Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI line 5)	4h	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize PICKETT, CHANEY & MCMULLEN LLP to enter my PIN 8 6 2 1 6 as my signature
ERO firm name Enter five numbers, but do not enter all zeros
on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Certification and Authentication

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

8 0 8 6 1 4 8

Date > 08/03/2020

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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		Date ▶	
	EDOM ADAM		

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 (2019)

Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: EMPOWER HOMELESS WOMEN AND THEIR CHILDREN TO HEAL FROM THEIR TRAUMA AND BECOME SELF-SUFFICIENT. 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?.... 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. 1,301,865. including grants of \$ ) (Revenue \$ 4a (Code: ) (Expenses \$ ATTACHMENT ) (Revenue \$ 4b (Code: ) (Expenses \$ including grants of \$ 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e** Total program service expenses ▶ 1,301,865.

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Form 990 (2019)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ.	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425	Х	
	Schedule D, Parts XI and XII.	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1 2 h		Х
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	$ \   \text{Did the organization report more than $5,000 of grants or other assistance to any domestic organization or } \\$			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued) Page 4

ı aı ı	One chist of Nequired Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		X	
Part	<ul> <li>19? Note: All Form 990 filers are required to complete Schedule O.</li> <li>V Statements Regarding Other IRS Filings and Tax Compliance</li> </ul>	38	Λ	
rait	Check if Schedule O contains a response or note to any line in this Part V			
	Chiesa in Conocidio C Containo a reopondo or noto to any inio in tilo i art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030	2.000	Form	990	(2019)
	7725DU 568N 8/2/2020 11:26:51 AM V 19-6F			

Form 990 (2019)
Part V S Page 5

Par	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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C		7c		Х
ام	required to file Form 8282?	7.0		
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	, , , ,		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any tayable distributions under section 49662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
		0.0		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	·ou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 40		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			_
	ii 100, complete i titti 1720, concuule C.			

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	21			
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent <u>1b</u>	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ship 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	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person	า?	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 asset		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 of				
	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)				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	en during			
	the year by the following:	J			
а	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 re				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Х
Secti	on 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		Х
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 purpos	es?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e 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 of	ould give		37	
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"			
	describe in Schedule O how this was done		12c	X	
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 ap	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and			v	
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra		10-		X
	with a taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to every strictly in injurity participation in injurity control of the procedure procedure requiring the organization to every strictly and take store to expense the procedure of the procedure requiring the organization to every strictly and take store to expense the procedure requiring the organization to every strictly and take store to every strictly and the every strictly and take strictly and the every strictly and the every				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe organization's exempt status with respect to such arrangements?		16h		
Sport	ion C. Disclosure		16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed   Section 6404 requires on arresting to make its Forms 4022 (4024 or 4024 A. if applicable) 2020	and 000 T	10	tion 5	04/=\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website Upon request Other (explain on Schedul		(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	, conflict o	f inter	est p	olicy,
	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 record	s 🕨		

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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	(do not check more than one box, unless person is both an officer and a director/trustee) list any ours for elated anizations		(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			
	dotted line)	Ф	tee		sated				
(1) KELLY WELCH EXECUTIVE DIRECTOR	45.00			Х			122,944.	0.	18,508.
(2) NATE VANDER HAMM	2.00								
PAST PRESIDENT	0.	Х		Х			0.	0.	0.
(3) GINA THORNTON	2.00								
MEMBER	0.	X					0.	0.	0.
(4) SKYLER K. PHELPS	2.00								
PRESIDENT	0.	X		Х			0.	0.	0.
(5) MELISSA ANDEEL	2.00								
MEMBER	0.	X					0.	0.	0.
(6) BRAD FARHA	2.00								
MEMBER	0.	X					0.	0.	0.
(7) ADRIENNE KORDALSKI	2.00								
MEMBER	0.	X					0.	0.	0.
(8) KYLE SINER	2.00								
TREASURER	0.	X		Х			0.	0.	0.
(9) DIANE SMITH	2.00								
MEMBER	0.	X					0.	0.	0.
(10) SYLVIA FLORES	2.00								
MEMBER	0.	X					0.	0.	0.
(11) SUSAN ESCHER	2.00								
VICE PRESIDENT/SECRETARY	0.	X		Х			0.	0.	0.
(12) CARY HALL	2.00								
MEMBER	0.	X					0.	0.	0.
(13) KATHY MALONE	2.00								
MEMBER	0.	Х					0.	0.	0.
(14) JAMES MELTON	2.00								
MEMBER	0.	X					0.	0.	0.

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Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	yee	es, a	and H	igh	nest Compensat	ed Employees (d	<u>continue</u>	<u>∍d)</u>	
(A)	(B)			(C	•			(D)	(E)		(F)	
Name and title	Average	(-1		Posi		46		Reportable	Reportable	Estimated		
	hours per week (list any	,				than on s both a	- 1	compensation from	compensation from related	amount of other		ı
	hours for				irecto	or/truste		the	organizations		pensati	ion
	related	or a	lns	읔	Se l	Highest co	For	organization	(W-2/1099-MISC)	fr	om the	
	organizations	vid	titut	icer	/ em	hes	Former	(W-2/1099-MISC)			anizatio	
	below dotted line)	ual t	iona		Key employee	t co	,				d related anization	
	inie)	Individual trustee or director	Institutional trustee		yee	compensated				l	inzatioi	13
		ee	ıste			sane						
			(0)			ited						
15) KAMA MOSELEY	2.00											
MEMBER	0.	Х						0 .	0.			0
16) BILL DUNN, III	2.00											
MEMBER		Х						0 .	0.			0
17) BOYD NOLEN	2.00											
MEMBER		X						0 .	0.			0
18) DIONE KING	2.00											
MEMBER		X						0 .	0.			0
19) JULIE LATTIMER	2.00	21							· · ·			
MEMBER		X						0 .	0.			0
20) DAN MUELLER	2.00	- 2					_	0	0.			
MEMBER	$$ $\frac{2.00}{0}$ .	X						0 .	0.			0
	2.00							0.	0.			
21) MAUREEN PURCELL	+	3,7						0				0
MEMBER	0.	X						0 .	0.			0
22) DON WOEHRMAN	2.00							0				0
MEMBER	0.	X					_	0 .	0.			0
23) GARY BRILES	2.00							_				
MEMBER	0.	X						0 .	0.	<u> </u>		0
24) COURTNEY WACHAL	2.00							_	_			_
MEMBER	0.	X						0 .	0.			0
25) STEVEN ORNDUFF	2.00											
MEMBER	0.	X						0 .	0.	<u> </u>		0
1b Sub-total							▶	122,944.	0.		18,	508.
c Total from continuation sheets to Part VII	, Section A						▶	0.	0.			0.
d Total (add lines 1b and 1c)							▶	122,944.	0.		18,	508.
2 Total number of individuals (including but n reportable compensation from the organiza			listed 1	d ab	oove	) who	rec	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former o	fficer directo	or or	tru	Stac	o k	ev er	mnl	lovee or highes:	t compensated			
employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is the	e sum of rep	ortat	ole c	omi	pens	sation	an "	nd other compens	sation from the			
organization and related organizations individual										4		Х
										4		
5 Did any person listed on line 1a receive for services rendered to the organization? If										5		Х
Section B. Independent Contractors	res, comple	ie sci	ledu	IE J	101 3	δυστ μ	<i>J</i> E13	5011				
Complete this table for your five highest or	omponented :	ndon	anda	nt a	2024	rootor	C 41-	not received man	than \$100 000 a			
compensation from the organization. Repo	•								· · ·			
year.	Joinpondati	J.1 10		Jul	. J. IU	ai yoa	., 01	with or with	the organizatio			

(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 in compensation from the organization  $\blacktriangleright$ 

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

Telated organizations below dotted interest   Telated organizations   Telated orga	Estimated amount of other ompensation						
MEMBER 0. X 0. 0. 0. 27) CARY HALL 2.00	from the organization and related rganizations						
27) CARY HALL 2.00 X 0. 0. 0	0						
	0						
Ab Sub stell							
Th Sub total							
The Sub-total							
The Sub-total							
1h Sub total							
The Sub-total							
The Still Added							
c Total from continuation sheets to Part VII, Section A	0.						
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 ▶ 1							
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes No						
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						
<ul> <li>Section B. Independent Contractors</li> <li>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.</li> </ul>							
	C) ensation						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶							

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# Part VIII Statement of Revenue

Par	't VIII	Check if Schedule O contains a respon	ise or note to an	v line in this Part \	/III		
		Oncok ii Genedale O contains a respor	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c	218,934.				
iifts ar /	d	Related organizations 1d					
a,e Eige	е	Government grants (contributions) 1e	529,349.				
utions ner Sin	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	2,326,853.				
텵	g	Noncash contributions included in					
o pu		lines 1a-1f 1g					
O a	h	Total. Add lines 1a-1f	▶	3,075,136.			
			Business Code				
Program Service Revenue	2a	OCCUPANCY CHARGES	624100	9,617.	9,617.		
er ne	b	OCCUPANCY CHARGES - PERMANENT HOUSING	624100	42,113.	42,113.		
n S	С						
Jrai ≷e\	d						
<u>5</u> _	е						
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		51,730.			
	3	Investment income (including dividends,		10.006			10.006
		other similar amounts)	. [	10,226.			10,226.
	4 5	Income from investment of tax-exempt bond		0.			
	3	Royalties	(ii) Personal	0.			
		.,,	(1) 1 01001141				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c d	Rental income or (loss) 6c    Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other	0.			
	l 'a	sales of assets	(ii) Guilei				
		other than inventory 7a					
ø	b	Less: cost or other basis					
evenue		and sales expenses 7b					
eve	С	o : " \					
Α.		Net gain or (loss)		0.			
Other R	8a	Gross income from fundraising					
ō	""	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	160,506.				
	b	Less: direct expenses 8b	193,438.				
	С	Net income or (loss) from fundraising events.	<u></u> ▶	-32,932.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory		0.			
ns			Business Code				
Miscellaneous Revenue	11a						
llar en	b						
Se Se	С						
Ξ Z	d	All other revenue					
	•	Total Add lines 11a-11d		0.			
JSA	12	Total revenue. See instructions	•	3,104,160.	51,730.		10,226.

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# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors, trustees, and key employees	144,144.	86,950.	50,103.	7,091.
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages	715,184.	648,841.	35,930.	30,413.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20,190.	12,921.	6,461.	808.
	Other employee benefits	65,338.	60,904.	1,922.	2,512.
	Payroll taxes	70,657.	60,435.	6,931.	3,291.
	Fees for services (nonemployees):				
	Management	0.			
	Legal	8,000.	8,000.		
	Accounting	17,625.		17,625.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	25,300.			25,300.
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	7,549.	4,038.	1,723.	1,788.
12	Advertising and promotion	0.			
13	Office expenses	77,619.	61,961.	12,086.	3,572.
14	Information technology	20,258.	16,625.	3,633.	
15	Royalties	0.			
16	Occupancy	99,426.	97,970.	1,456.	001
17	Travel	3,093.	2,378.	424.	291.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	20 140	0 140	1 605
19	Conferences, conventions, and meetings	33,981.	30,148.	2,148.	1,685.
	Interest	0.			
	Payments to affiliates	117,727.	116,553.	1,174.	
	Depreciation, depletion, and amortization	30,704.	26,239.	2,930.	1,535.
	Insurance	30,704.	20,237.	2,550.	1,333.
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.)				
	CLIENT EXPENSES	23,090.	23,090.		
<b>u</b>	DIRECT CLIENT ASSIST IN K	44,812.	44,812.		
C		,	,		
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,524,697.	1,301,865.	144,546.	78,286.
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 bif following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	867,755.	1	1,470,818.
	2	Savings and temporary cash investments	0.	2	251,581.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	128,941.	4	892,627.
	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	0.	5	0.
	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)	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,610,696.	066 000		0.41 550
		Less: accumulated depreciation	966,003.		941,772.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	3,054.
	15	Other assets. See Part IV, line 11	1,962,699.	15	3,559,852.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	75,578.	16	93,248.
	17	Accounts payable and accrued expenses	0.	17 18	0.
	18	Grants payable	0.	19	0.
	19 20	Deferred revenue	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.		0.
s	22	Loans and other payables to any current or former officer, director,	-		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	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	1,471.		1,491.
	26	Total liabilities. Add lines 17 through 25	77,049.	26	94,739.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	1,654,136.	27	1,813,225.
Ä	28	Net assets with donor restrictions	231,514.	28	1,651,888.
Fun		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	1,885,650.	32	3,465,113.
	33	Total liabilities and net assets/fund balances	1,962,699.	33	3,559,852.
					Form <b>990</b> (2019)

Page **12** Form 990 (2019) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 3,104,160. 1 1,524,697. 2 1,579,463. 3 3 1,885,650. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . . 4 4 0. 5 5 0. 6 6 0. 7 7 0. 8 8 0. 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3,465,113. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII........... Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a 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: Separate basis Consolidated basis Both consolidated and separate basis Χ 2b **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: X | Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of X 2c 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.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Χ

3a

#### 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SHEFFIELD PLACE

Employer identification number 43-1532267

Pai	ťΙ	Reason for Public Cha	irity Status (All o	organizations must d	omplet	e this pa	art.) See instructions	-	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck 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 secti	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:						
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	r local government or governmental unit described in section 170(b)(1)(A)(v).						
7	Х	An organization that norma	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). (Compl	ete Part II.)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or	
		university:							
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ted to its exempt facent income and un	unctions - subject to on nrelated business tax	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3% of its	
11		An organization organized							
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes	
		of one or more publicly su	pported organizati	ons described in sect	ion 509	<b>(a)(1)</b> or	section 509(a)(2). S	ee section 509(a)(3).	
		Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.	
а		$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the	
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.				
b			anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having	
		control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported	
	_	organization(s). <b>You must</b>	complete Part IV	, Sections A and C.					
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,	
	_	its supported organizatior	n(s) (see instruction	is). You must comple	te Part I	V, Sectio	ons A, D, and E.		
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)	
		that is not functionally into	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness	
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	hat it is a Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.		
f	En	ter the number of supported	l organizations						
g	Pro	ovide the following information	on about the suppo	orted organization(s).					
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No	,	,	
(A)									
(/·) ——									
(B)									
(C)									
(D)									
(E)									
Tota									

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,532,232.	1,402,146.	1,386,887.	1,471,732.	3,075,136.	8,868,133.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,532,232.	1,402,146.	1,386,887.	1,471,732.	3,075,136.	8,868,133.	
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)						715,560.	
6	Public support. Subtract line 5 from line 4						8,152,573.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	1,532,232.	1,402,146.	1,386,887.	1,471,732.	3,075,136.	8,868,133.	
9	Similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on	432.	808.	1,217.	4,368.	10,226.	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						8,885,184.	
12	Gross receipts from related activities, etc. (s	see instructions)				12	595,758.	
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	<u> </u>						
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2019 (li					14	91.75%	
15	Public support percentage from 2018					15	99.90 <b>%</b>	
16a	331/3% support test - 2019. If the org							
	box and <b>stop here.</b> The organization q							
b	331/3% support test - 2018. If the org							
4-7-	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a		_						
	10% or more, and if the organization Part VI how the organization meets t					•	•	
	organization						▶ □	
b	10%-facts-and-circumstances test - 2	-						
	15 is 10% or more, and if the orga						-	
	Explain in Part VI how the organizati supported organization						▶ □	
18	<b>Private foundation.</b> If the organization instructions				•			

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#### 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.)

	tion A. Public Support				T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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						
c	organization without charge						
6	ı F						
ı a	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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 five years. If the Form 990 is for	•					` ` ` `
	organization, check this box and stop here .						▶ 🔼
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,					15	%
16	Public support percentage from 2018 Sche					16	<u>%</u>
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	-					
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orga						. $\square$
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization d	lia not check a	a box on line 1	4, 19a, or 19b,	cneck this box	and see instruc	ctions

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SHEFFIELD PLACE

## Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a		5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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			

**b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.* 

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

**c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.* 

10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9a

9b

9c

10a

10b

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SHEFFIELD PLACE

Schedu	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the consciention was ide to each of its commented associations by the leat day of the fifth month of the		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	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ŕ	
•			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> 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 <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).	-		,

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in <b>Part VI</b> ). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

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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)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SHE	FFIELD PLACE	43-1532267
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt 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).	
	Preservation of land for public use (for example, recreation or education)  Preservation of	f a historically important land area
	Protection of natural habitat Preservation of	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 termin	ated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
_	organization's accounting for conservation easements.	0: " 4
Pa	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 of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,
	provide the following amounts relating to these items:	<b>&gt;</b> •
	(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 as	ssets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	<b>•</b> •
a h	Revenue included on Form 990, Part VIII, line 1	
b	7.05.0.0 moradou iii i 01111 0.00, i ait 7	- · · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2019 Page 2

Pa	rt    Organizations Maintaini	ng Collec	ctions of	Art, Histo	rical Tre	asures	s, or	Other	Similar Assets	(continue	d)	
3	Using the organization's acquisition	n, access	sion, and o	other recor	ds, check	c any o	f the	follow	ing that make si	gnificant u	se of	its
	collection items (check all that app	ly):			_							
а	Public exhibition			d _	Loan	or excha	ange	prograi	m			
b	Scholarly research			е	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey fur	ther	the or	ganization's exem	pt purpos	e in I	Part
	XIII.											
5	During the year, did the organization	n solicit o	r receive o	donations o	of art, histo	orical tr	easu	res, or	other similar			
	assets to be sold to raise funds rath	ner than to	be mainta	ained as pa	art of the o	organiza	ation'	's collec	ction?	Yes		No
Pa	rt IV Escrow and Custodial A	rrangem	ents.									
	Complete if the organiza 990, Part X, line 21.	ition ansv	vered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported an amo	unt on Fo	rm	
1 a	Is the organization an agent, truste	e clistad	ian or othe	er intermed	liary for c	ontribut	tions	or othe	r assets not			
·u	included on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement i									103		140
	ii res, explain the arrangement	ii i ait Xiii	and comp		nowing tak	JiC.			Amou	nt		
С	Beginning balance						1c		711100	111		
d	Additions during the year						1d					
u 0	Distributions during the year						1e					
f	Ending balance						1f					
	Did the organization include an am							etodial	account liability?	Yes		No
	If "Yes," explain the arrangement i								•			140
	rt V Endowment Funds.	II F alt Alli	. CHECK III	ere ii tile e	λριαι ιατιοι ι	illas De	en pi	Ovided	UII F alt Alli			
Га	Complete if the organiza	ation answ	wered "Ye	es" on For	m 990 F	Part I\/	line	10				
	Complete ii the organize	(a) Curr		(b) Pric		(c) Tw			(d) Three years back	(e) Four	vears h	ack
_		(a) Cuii	ent year	(6) 1 110	n year	(0) 1111	o your	- Duoit	(u) Tillee years back	(e) 1 our	years b	ack
_	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
_	and programs											
	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cur	rent year		e (line 1g,	column	ı (a))	held as	•			
a	Board designated or quasi-endown			_%								
D	Permanent endowment ▶  Term endowment ▶	^^										
C	The percentages on lines 2a, 2b, a		vuld ogual í	1000/								
3 2	Are there endowment funds not in				ation that	ara hali	d and	d admir	victored for the			
Ja	organization by:	ille posse	:551011 01 11	ie Organiza	ation that	are nen	u and	a auiiiii	iistered for the	Ī	/es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relate									3b		
4	Describe in Part XIII the intended u	Ū		•								
_	rt VI Land, Buildings, and Equ		5 Organiza	tion 3 endo	Willell lui	ius.						
ı a	Complete if the organize	ation ans	wered "Y	es" on Fo	rm 990, l	Part IV	, line	11a. S	See Form 990, F	Part X, line	<del>2</del> 10.	
	Description of property		(a) Cost or (inves		<b>(b)</b> Cost (	or other ba	asis		cumulated eciation	(d) Book val	ue	
	Land		(ilives	unent)	1	8,10	9.	uepi	Colation		8,1	09
b	Buildings				6	594,93		1	22,326.	57	2,6	
0	Leasehold improvements					68,39			89,684.		8,7	
d	Equipment.	_				39,26			56,913.		2,3	
u A						,			,		_,,	<u> </u>
Tota	Other  I. Add lines 1a through 1e. (Column		egual Forr	n 990. Part	X. colum	n (B). lir	ne 10	c.)	<b>•</b>	94	1,7	72.
				,								

43-1532267 Page **3** 

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0. Part IV. line 11b. See Form 990.	Page Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n:
/1) Einanair	` '		<u> </u>	
	al derivatives held equity interests			
( <b>3)</b> Other _				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
. ,	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year marke	
(4)			Oost of Glid-Oi-year Harke	. valuo
(1)				
(2)			+	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
Partix	Complete if the organization answered		0, Part IV, line 11d. See Form 990,	
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ino 15 )		
Part X	Other Liabilities.	ne 10.)		
raitA	Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	990, Part X,
1.		tion of liability		(b) Book value
	al income taxes	<i>,</i>		(,
_ ` '	NT ACCOUNTS			1,491
(3)				_, _, _
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>b</b>	1,491
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	at reports the

Schedule D (Form 990) 2019 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	3,297,598.
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	193,438.
3	Subtract line 2e from line 1	3	3,104,160.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,104,160.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,718,135.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		102 420
е	Add lines 2a through 2d	2e	193,438. 1,524,697.
3	Subtract line 2e from line 1	3	1,524,697.
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.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	1,524,697.
$\overline{}$	XIII Supplemental Information.		
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	Part V,	line 4; Part X, line .

Schedule D (Form 990) 2019 SHEFFIELD PLACE 43-1532267 Page **5** 

#### Part XIII Supplemental Information (continued)

RECLASS OF SPECIAL EVENT EXPENSES TO REVENUE

SPECIAL EVENT EXPENSES OF \$193,438 RECORDED IN THE FINANCIAL STATEMENTS IN EXPENSE ARE REFLECTED IN PART VIII, LINE 8B FOR FORM 990.

RECLASS OF SPECIAL EVENT EXPENSES TO REVENUE

SPECIAL EVENT EXPENSES OF \$193,438 RECORDED IN THE FINANCIAL STATEMENTS

IN EXPENSE ARE REFLECTED IN PART VIII, LINE 8B FOR FORM 990 STATEMENT OF REVENUE.

#### FIN 48 FOOTNOTE

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")

CODIFICATION TOPIC INCOME TAXES. INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND REQUIRES THE FOUNDATION TO RECOGNIZE IN THEIR FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UNDER AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS ASSESSED THE TAX POSITIONS OF THE ORGANIZATION AND DETERMINED THAT NO POSITIONS EXIST THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number SHEFFIELD PLACE 43-1532267 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants е а Χ X Internet and email solicitations f Solicitation of government grants Χ Phone solicitations X Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 1,493,100. 25,300. 1,467,800. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

43-1532267

SHEFFIELD PLACE

13 133220

Page 2

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		events with gross receipts gre	eater than \$5,000.	· ·		
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2 OFF-THE-WALL	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	81,866.	297,574.	0.	379,440
ď	2	Less: Contributions Gross income (line 1 minus	53,676.	165,258.	0.	218,934
		line 2)	28,190.	132,316.	0.	160,506
	4	Cash prizes			0.	
	5	Noncash prizes	7,746.		0.	7,746
Direct Expenses	6	Rent/facility costs	14,497.	12,515.	0.	27,012
	7	Food and beverages	4,288.	49,818.	0.	54,106
	8	Entertainment		4,980.	0.	4,980
	9	Other direct expenses	8,603.	90,991.	0.	99,594
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	mn (d)		193,438 -32,932
Pa						
		\$15,000 on Form 990-EZ, lin	ne 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 8	ì	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	. Yes No
10a		Were any of the organization's gamino				Yes No

Sched	lule G (Form 990 or 990-EZ) 2019
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ►
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	

Schedule G (Form 990 or 990-EZ) 2019

#### ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
KERN & ASSOCIATES	CONSULTING GRWTH CAMP.	X	1,493,100.	25,300.	1,467,800.

PO BOX 1001 KEARNEY MO 64060

#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Name	of the organization				Employ	er identification	numbe	r	
SHE	FFIELD PLACE				43	3-1532267			
Par	Types of Property			'					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, li	on	Method of noncash cont			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household					1			
	goods	X				DONOR VAI			
6	Cars and other vehicles	X	1.	11,2	25.	DONOR VAL	JUE		
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests					1			
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic					I			
	structures					1			
14	Qualified conservation								
	contribution - Other					1			
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	1							
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy	1							
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►( ATCH 1 )		89.	75,8	98.				
26	Other ►()								
27	Other ►()								
28	Other ►(								
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions	for				
	which the organization completed I					29			
					(			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part	I, lines	s 1 through			
	28, that it must hold for at least the			•		_			
	to be used for exempt purposes for						30a		X
b	If "Yes," describe the arrangement i		3.						
31			tance policy that require	es the review of	any r	nonstandard			
	contributions?	•			•		31	Х	
32a	Does the organization hire or use								
	contributions?	•	•	• •			32a		X
b	If "Yes," describe in Part II.	- <del>-</del>		·	-	<del>-</del>			
	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which colur	nn (a)	is checked.			

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

Schedule M (Form 990) 2019

describe in Part II.

Schedule M (Form 990) (2019) Page **2** 

Part II Suppleme

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OTW AUCTIONED ITEMS OTH	HER X	73.	67,616.	DONOR VALUE
GOLF EVENT - AUCTIONED	IT X	15.	7,282.	DONOR VALUE
GOLF EVENT - BANNERS AN	1D X	1.	1,000.	DONOR VALUE
TOTALS	_ =	89.	75,898.	

### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 43-1532267

Name of the organization SHEFFIELD PLACE

CONFLICT OF INTEREST POLICY COMPLIANCE

EVERY YEAR THE BOARD OF DIRECTORS AND STAFF ARE ASKED TO PROVIDE IN WRITING ANY ISSUES REGARDING POTENTIAL CONFLICTS OF INTEREST.

COMPENSATION DETERMINATION POLICY

THE BOARD OF DIRECTORS EMPLOYS THE EXECUTIVE DIRECTOR TO WHOM IT

DELEGATES RESPONSIBILITY FOR THE DAY-TO-DAY MAMAGEMENT OF THE

ORGANIZATION. THE EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT ARE

GIVEN ANNUAL PERFORMANCE REVIEWS. COMPENSATION AND BENEFITS ARE AT A

LEVEL THAT IS COMPETITIVE WITH SIMILAR ORGANIZATIONS WITHIN THE

COMMUNITY AND CONSISTENT WITH THE ORGANIZATION'S OVERALL FINANCIAL

ABILITY AND OBJECTIVE.

FORM 990 REVIEW PROCESS

PRIOR TO SUBMISSION, IRS FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR QUESTIONS OR COMMENTS.

PUBLIC REVIEW OF DOCUMENTS

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION BY REQUEST.

GROWTH CAMPAIGN

TO ADDRESS THE EVER-INCREASING NEEDS OF OUR COMMUNITY, SHEFFIELD PLACE CONDUCTED A CAPITAL CAMPAIGN IN 2019 TO ACQUIRE AND RENOVATE A BUILDING

THAT WILL PROVIDE HOUSING SERVICES FOR 7 FAMILIES AT A TIME. THE CAMPAIGN WILL ALSO MAKE IMPROVEMENTS TO THE MAIN FACILITY INCLUDING - NEW ENERGY-EFFICIENT LIGHTING, KITCHEN & RESTROOM REMODELING, TUCK-POINTING THE NEARLY 100-YEAR OLD MAIN FACILITY. THE CAMPAIGN SUCCESSFULLY RAISED \$1,493,100. THIS CAPITAL CAMPAIGN WILL INCREASE THE NUMBER OF FAMILIES SERVED BY MORE THAN 30% ANNUALLY.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SHEFFIELD PLACE IS THE ONLY TREATMENT AND SUPPORTIVE HOUSING PROGRAM IN KANSAS CITY THAT FOCUSES EXCLUSIVELY ON HIGHLY TRAUMATIZED, HOMELESS MOTHERS AND THEIR CHILDREN. THESE FAMILIES STRUGGLE WITH MULTIPLE BARRIERS TO SUCCESS, INCLUDING GENERATIONAL POVERTY (100%), MENTAL HEALTH (98%), ADDICTION (89%), AND DOMESTIC VIOLENCE BACKGROUNDS (94%), LOW EDUCATIONAL ATTAINMENT - LESS THAN A HIGH SCHOOL EDUCATION (57%), EXPERIENCE IN THE CHILD WELFARE SYSTEM (39%), AND FELONY CONVICTIONS (34%), AMONG OTHERS.

THE GOALS OF THE PROGRAM INCLUDE: IMPROVING MENTAL AND PHYSICAL HEALTH, ABSTAINING FROM ALCOHOL AND DRUGS, INCREASING EDUCATION AND EMPLOYMENT SKILLS, AND SECURING PERMANENT HOUSING. SERVICES INCLUDE: 1) RESIDENTIAL HOUSING SERVICES AT THE FACILITY; 2) RESIDENTIAL CLINICAL SERVICES; 3) AFTERCARE (ONGOING CASE MANAGEMENT AND SUPPORTIVE SERVICES FOR FAMILIES THAT HAVE TRANSITIONED FROM THE FACILITY TO PERMANENT HOUSING IN THE COMMUNITY); AND, 4) PERMANENT SUPPORTIVE HOUSING. THE AGENCY OWNS 10 UNITS OF PERMANENT HOUSING TOWARD A GOAL OF 14 UNITS OVER THE NEXT FEW YEARS.

Employer identification number 43-1532267

ATTACHMENT 1 (CONT'D)

IN 2019, SHEFFIELD PLACE SERVED 123 FAMILIES/307 INDIVIDUALS (89 FAMILIES IN RESIDENTIAL AND 34 FAMILIES IN AFTERCARE), MORE THAN A SIX-FOLD INCREASE FROM THE 20 FAMILIES THE AGENCY SERVED IN 2010. IN ALL, 58% OF THE MOTHERS WERE WHITE, AND 42% OF MOTHERS WERE AFRICAN AMERICAN. SIX PERCENT SELF-IDENTIFIED AS LATINA IN ETHNICITY. NEARLY ALL FAMILIES ORIGINATE FROM KANSAS CITY, MISSOURI, OR EASTERN JACKSON COUNTY. THE AVERAGE AGE OF MOTHERS WAS 30 YEARS; THE AVERAGE AGE OF CHILDREN WAS 5.5 YEARS.

THE RESIDENTIAL PROGRAM FEATURES AN AVERAGE LENGTH OF STAY OF NEARLY THREE MONTHS - OFTEN LONGER OR SHORTER DEPENDING ON A FAMILY'S INDIVIDUAL NEEDS. THE FACILITY SERVES 17 HOMELESS MOTHERS AND THEIR CHILDREN A TIME. EACH FAMILY HAS A PRIVATE LIVING UNIT WITH A BATHROOM. FAMILIES SHARE KITCHENS AND LAUNDRY FACILITIES.