Form **990**

** PUBLIC DISCLOSURE COPY **

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.

2023

pen to Public Inspection

Department of the Treasury

Intern	nai Reve	nue Service GO to www.ii-s.gov/Formaso for mistractions and to	ine latest ii	normanom.	inspection
A F	or the	\pm 2023 calendar year, or tax year beginning \pm JUL \pm 1 , \pm 2023 and	ending J	UN 30, 2024	
B c	heck if	C Name of organization		D Employer identifi	ication number
а	pplicabl				
	Addre	Lawrence Hall			
	Name			36-21677	71
\vdash	_]chang □Initial	· ·			
	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	□Final □return	4833 N. Francisco Avenue		(773) 76	9-3500
	return. termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	28,697,640.
	Amen- return	ded Chicago, IL 60625		H(a) Is this a group r	eturn
	Application			for subordinates	
	pendi	same as C above		H(b) Are all subordinates i	
				1 ` ′	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ′	a list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1874	M State of legal domicile; ${ t IL}$
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: See	Schedu	le 0	
ခ်		·			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its not as	eate
ē	l			_	23
ő	l			3	23
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			327
ŧ	6	Total number of volunteers (estimate if necessary)		6	300
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
		, ,		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,046,796.	5,114,174.
ne	l			20,936,203.	22,642,659.
Revenue	9	Program service revenue (Part VIII, line 2g)			
ě	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		775,623.	843,153.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,380.	28,356.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,778,002.	28,628,342.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,721,071.	4,324,806.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,490,604.	17,984,136.
ses	160	Drafaccional fundaciona foca (Dart IV. column (A) line 11a)		0.	0.
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 579,1	<u> </u>	<u> </u>	
<u>م</u>	b			F FF0 C22	F 460 010
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,558,633.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,770,308.	27,770,955.
	19	Revenue less expenses. Subtract line 18 from line 12		1,007,694.	857,387.
Or Ses			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		46,064,726.	49,215,153.
Ass Bal	21	Total liabilities (Part X, line 26)		16,433,966.	15,140,063.
let, Ind	21	Net assets or fund balances. Subtract line 21 from line 20		29,630,760.	34,075,090.
	ırt II	Signature Block		25,050,700	34,073,030.
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules		·	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sign	n	Signature of officer		Date	
Her		William Quinlan, President			
	_	Type or print name and title			
			П	Date Check [PTIN
Da!	1	Print/Type preparer's name Preparer's signature		4/21/25 self-emplo	
Paid		Ariel Garcia Ariel Garcia	U		
	arer	Firm's name RSM US LLP		Firm's EIN 4	2-0714325
Use	Only	Firm's address 30 S. Wacker Drive, Ste 3300			
		Chicago, IL 60606		Phone no. 31	.2-634-3400
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2023) Lawrence Hall	36-2167771 Pa	age 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	Empowering those who have experienced trauma by providi	ng healing,	
	stability, and community connection.		
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	s? Yes X	.∐ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and	
	revenue, if any, for each program service reported.	00 014 12	4
4a	(Code:) (Expenses \$16,664,357. including grants of \$4,324,806.) (Re	evenue \$ 20,214,13	<u>4.</u>
	Continuum of Care (FC, OAP and Residential) (see Schedu	ile ()	
	4 122 105		
4b	(Code:) (Expenses \$4 , 133 , 125 . including grants of \$) (Re	evenue \$	
	Project Work (see Schedule O)		
	0.460.740		
4c	(Code:) (Expenses \$2, 168, 742. including grants of \$) (Re	evenue \$ 2,428,52	<u>5.</u>
	Therapeutic Day School (see Schedule O)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4-	Total program convice expenses 22 966 224		

Form 990 (2023) Lawrence Hall Part IV Checklist of Required Schedules

			V	
	Is the expanization described in section 501(a)(2) or 4047(a)(1) (ather than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	۰		
•	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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," <i>complete</i>			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII	12a	Λ	
b		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Bid the appropriation projection on affine appropriate and appropriate and the Light of Obstaco	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l .
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

Lawrence Hall 36-2167771 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Х d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	check in contradic contradic a respective of these to any line in this case.					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	39			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			10	Х	1

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 327 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

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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 Page 6 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	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 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Devan Hughes - (773) 769-3500			
	4833 N. Francisco Avenue Chicago II. 60625			

Form 990 (2023) Lawrence Hall 36-2167771 Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	1		((C)	.,00		(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
rano ana mie	hours per		not c					compensation	compensation	amount of
	week	offi	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ao			rted		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		e.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) Kara Teeple	40.00	<u> </u>	=	0		Ξ 0	4			
Chief Executive Officer		1		х				202,667.	0.	11,590.
(2) Devan Hughes	40.00									•
Chief Financial Officer				Х				144,706.	0.	8,643.
(3) Sean McGinnis	40.00									
Chief Program Officer						X		136,468.	0.	6,942.
(4) Gregory Meadors	40.00	1								
Vice President of IT						X		113,972.	0.	21,463.
(5) Victoria Hicks	40.00	1							_	
Vice President of Education						X		103,892.	0.	9,032.
(6) Latoya Slue	40.00	1								
Lead Youth Treatment Specialist	40.00					X		105,069.	0.	7,373.
(7) Renee Lehocky	40.00	4						104 405	_	F 100
Director of Strategic Initiatives	0.00					X		104,487.	0.	5,190.
(8) Rebecca N. Coke	2.00	٠,,		,,					_	•
Board Chair	1 2 00	Х		Х				0.	0.	0.
(9) William Quinlan Board President	2.00	₹.		₩.					_	0
(10) Nirav Shah	2.00	Х		Х				0.	0.	0.
Board Executive Vice President	2.00	х		х				0.	0.	0
(11) Jayne Coyne	2.00	Α		^				0.	U •	0.
Board Vice President	2.00	х		х				0.	0.	0.
(12) Nicole Quaisser	2.00	^		^				0.	0.	<u></u>
Board Treasurer	2.00	х		Х				0.	0.	0.
(13) Megan G. Morrissey	2.00							•	•	
Corporate Secretary		x		x				0.	0.	0.
(14) Cheyenita Allen	2.00	1							•	
Trustee		Х						0.	0.	0.
(15) Vipin Bhatia	2.00									
Trustee		Х						0.	0.	0.
(16) Hon. Paul P. Biebel, Jr.	2.00									
Trustee		Х						0.	0.	0.
(17) Sue Blomberg	2.00									
Trustee		Х						0.	0.	0.
										Form 990 (2022)

(A) Name and title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable)	Es	(F) stimate	ed
	hours per week (list any hours for related organizations below line)	tee or director og og og	, unle	ss per	rson i	Highest compensated componented employee	h an stee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organization (W-2/1099-MIS 1099-NEC)	d is SC/	com fi org an	nount other pensa rom the anizat d relat anizati	ition e ion ed
(18) Daniel J. Boszhardt	2.00												_
Trustee (19) Al R. Chircop	2.00	Х				\vdash		0.		0.			0.
Trustee	2.00	Х						0.		0.			0.
(20) Michael Dentato	2.00												
Trustee (until 09/23)		х						0.		0.			0.
(21) Mayer Grashin	2.00												
Trustee		х						0.		0.			0.
(22) Germaine Harris	2.00												
Trustee (until 09/23)		Х						0.		0.			0.
(23) Henry Horace	2.00	.,						0					_
Trustee	2 00	Х				\vdash	<u> </u>	0.		0.			0.
(24) DeAnna Jones Trustee	2.00	Х						0.		0.			0.
(25) Listiner Martinez	2.00	Λ				-	-	0.		0.			<u> </u>
Trustee	2.00	Х						0.		0.			0.
(26) David Merjan	2.00												
Trustee (until 06/24)		х						0.		0.			0.
1b Subtotal	•							911,261.		0.	7	0,2	
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								911,261.		0.	7	0,2	33.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			
compensation from the organization													10
0 Dilli												Yes	No
3 Did the organization list any former officer,	•		•	•	•		_		•				Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150	•		-					•	-		4	Х	
5 Did any person listed on line 1a receive or a	iccrue compen	co Isati	nn fr	om:	anv	unre	elati	ed organization or individ	dual for services		_		
rendered to the organization? If "Yes." com							Jiac	od organization of marvi	344, 101 001 11000		5		Х
Section B. Independent Contractors	proto corrogan	J U 1.	0, 00	, ,,,	3010	.011							
Complete this table for your five highest cor	· ·	-								pensa	tion fr	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thir	,	ear.				
(A) Name and business	address	NO	ONE	3				(B) Description of s	services	С		C) nsatio	n
2 Total number of independent contractors (in \$100,000 of compensation from the organization)	ŭ	ot lin	nited	to t		se lis	ted	above) who received me	ore than				

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Form 990 Lawrence	натт								36-216	7771
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
Name and the	hours	(c				app	lv)	compensation	compensation	amount of
	per	(0)	I	I	I	T	· y /	from	from related	other
	week					99		the	organizations	compensation
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed en		(W-2/1099-MISC)		organization
	related	tee or	ıstee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	idua	tution	Þ	empl	est c	Jer			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) Andrew Oleszczuk	2.00									
Trustee		Х						0.	0.	0.
(28) Hon. Marguerite A. Quinn	2.00									
Trustee		Х						0.	0.	0.
(29) Joel Rabinowitz	2.00									
Trustee		Х						0.	0.	0.
(30) Gloria Rosenson	2.00									
Trustee		Х						0.	0.	0.
(31) Jeffrey E. Singleton	2.00									
Trustee		Х						0.	0.	0.
(32) Tom Stocks	2.00									
Trustee		Х						0.	0.	0.
(33) Mike Wechselberger	2.00									
Trustee		Х						0.	0.	0.
		•								
		•								
		-								
		•								
		1								
		1								
		1								
		1								
-								1		
Total to Part VII, Section A, line 1c										
TOTAL TO T ALL VII, OCCHOITA, III TO IC								l	ı	L

Form 990 (2023) Lawrence Hall
Part VIII Statement of Revenue

			Check if Schedule O co	ntains a	respon	se or	note to any line	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tarrottori Tovorido	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns		1a		57,326.				
ra M		b	Membership dues		1b						
Ω, Ħ		С	Fundraising events		1c		208,964.				
ar ji					1d						
nii Biik			Government grants (contribu		1e		3,445,688.				
Š			All other contributions, gifts, gra		1						
te E			similar amounts not included ab		1f		1,402,196.				
풀		g	Noncash contributions included in line		1g \$						
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f					5,114,174.			
							Business Code				
g)	2	а	Substitute Care				624100	20,214,134.	20214134.		
Ş		b	Special Education				611110	2,428,525.	2,428,525.		
Se		С									
an eve		d									
Program Service Revenue		е									
P		f	All other program service rev	venue		_ [
		g	Total. Add lines 2a-2f					22,642,659.			
	3		Investment income (includin	g divide	ends, int	erest	, and				
			other similar amounts)					843,153.			843,153.
	4		Income from investment of t	ax-exer	npt bond	d pro	ceeds				
	5		Royalties			<u></u>					
					(i) Real		(ii) Personal				
	6	а	Gross rents 6	Sa 📗							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	ic							
		d	Net rental income or (loss)	<u></u>		<u></u>					
	7	а	Gross amount from sales of	(i) S	Securitie	es	(ii) Other				
			assets other than inventory 7	7a							
		b	Less: cost or other basis								
e			and sales expenses 7	7b							
/en		С		7c							
Be		d	Net gain or (loss)		<u>.</u>						
ther Revenue	8	а	Gross income from fundraising	events (not						
₹			including \$20	8,964	<u>.</u> of						
			contributions reported on lin	ne 1c). S	See						
			Part IV, line 18		L	8a	86,627.				
		b	Less: direct expenses			8b	69,298.				
		С	Net income or (loss) from ful	ndraisin	g event	s		17,329.			17,329.
	9	а	Gross income from gaming	activitie	s. See						
			Part IV, line 19			9a					
		b	Less: direct expenses		1	9b					
		С	Net income or (loss) from ga	ming a	ctivities_						
	10	а	Gross sales of inventory, les	s returr	ns						
			and allowances		<u> </u>	10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from sa		_						
<u>,</u>	_	_					Business Code				
o ni	11	а				_ [
ane		b				_					
Miscellaneous Revenue		С				_					
Mis		d	All other revenue			L	900099	11,027.			11,027.
_		е	Total. Add lines 11a-11d					11,027.			
	12		Total revenue. See instructions	3				28,628,342.	22642659.	0.	871,509.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,324,806. 4,324,806. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 279,822. 347,372. 57,696. 9,854. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 14,366,530. 11,572,830. 2,386,176. 407,524. 7 Pension plan accruals and contributions (include 493,223. 390,139. 88,001. 15,083. section 401(k) and 403(b) employer contributions) 1,053,515. 237,633. 1,331,876.40,728. Other employee benefits 9 445,135. 1,143,112. 256,986. 45,037. 10 Payroll taxes 11 Fees for services (nonemployees): Management 51,037. 51,037. Legal 91,068. 91,068. Accounting 77,000. 77,000. Lobbying Professional fundraising services. See Part IV, line 17 59,713. 59,713. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,000,454. 585,545. 400,037. 14,872. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 798,387. 680,026. 107,408. 10,953. 13 Office expenses 179,302. 100,176. 69,119. 10,007. Information technology 14 Royalties 15 137,416. $\overline{11,111.}$ 1,576,703. 1,428,176. 16 Occupancy 521,281. 485,265. 34,372. 1,644. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 79,487. 41,194. 35,153. 3,140. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 790,792. 720,256. 70,536. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 50,722. 8,537. 40,720. 1,465. Membership Dues 186,067. 158,866. 19,483. 7,718. All other expenses 27,770,955. 22,966,224. 4,225,595. 579,136. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Par	t X	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this Part X	
			(A) (B) Beginning of year End of year
	1	Cash - non-interest-bearing	2,655,821. 1 1,947,640
	2	Savings and temporary cash investments	
	3	Pledges and grants receivable, net	
	4	Accounts receivable, net	
	5	Loans and other receivables from any current or former officer, director,	
		trustee, key employee, creator or founder, substantial contributor, or 35%	
		controlled entity or family member of any of these persons	5
	6	Loans and other receivables from other disqualified persons (as defined	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6
y,	7	Notes and loans receivable, net	7
Assets	8	Inventories for sale or use	
As	9	Prepaid expenses and deferred charges	1 027 216 017 570
	10a	Land, buildings, and equipment: cost or other	
		basis. Complete Part VI of Schedule D 10a 29,196,	85.
	b	Less: accumulated depreciation 10b 15,171,	82. 14,367,416. 10c 14,024,903
	11	Investments - publicly traded securities	11,969,743. 11 13,971,070
	12	Investments - other securities. See Part IV, line 11	
	13	Investments - program-related. See Part IV, line 11	
	14	Intangible assets	14
	15	Other assets. See Part IV, line 11	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	46 064 806 40 048 480
	17	Accounts payable and accrued expenses	1,708,189. 17 1,736,506
	18	Grants payable	
	19	Deferred revenue	19
	20	Tax-exempt bond liabilities	
	21		21
ပ္	22	Loans and other payables to any current or former officer, director,	
iii		trustee, key employee, creator or founder, substantial contributor, or 35%	
Liabilities		controlled entity or family member of any of these persons	22
ן כ	23	Secured mortgages and notes payable to unrelated third parties	23
	24	Unsecured notes and loans payable to unrelated third parties	24
	25	Other liabilities (including federal income tax, payables to related third	
		parties, and other liabilities not included on lines 17-24). Complete Part X	
		of Schedule D	6,133,549, 25 5,272,476
	26	Total liabilities. Add lines 17 through 25	16,433,966, 26 15,140,063
		Organizations that follow FASB ASC 958, check here	
Seo		and complete lines 27, 28, 32, and 33.	
au	27	Net assets without donor restrictions	
Ba	28	Net assets with donor restrictions	16,669,016. 28 18,575,019
pur		Organizations that do not follow FASB ASC 958, check here	
딘		and complete lines 29 through 33.	
0 8	29	Capital stock or trust principal, or current funds	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	30
. As	31	· · · · · · · · · · · · · · · · · · ·	31
Net Assets or Fund Balances	32	Total net assets or fund balances	29,630,760. 32 34,075,090
_	33	Total liabilities and net assets/fund balances	16 061 706 10 016 160

Form **990** (2023)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>27,</u>		0,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0,7	
5	Net unrealized gains (losses) on investments	5	1,	65	6,4	<u> 29.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<u> </u>	93	0,5	<u>14.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	34,	07!	5,0	90 .
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u>	2a		_X_
	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					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		[За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 36-2167771 Lawrence Hall Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2418601.	4455560.	2133926.	5046796.	5114174.	19169057 .
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2418601.	4455560.	2133926.	5046796.	5114174.	19169057 .
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)						518,391.
	Public support. Subtract line 5 from line 4.						18650666.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2418601.	4455560.	2133926.	5046796.	5114174.	19169057 .
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	624,856.	613,900.	759,722.	775,259.	843,153.	3616890.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	13,100.	4,650.	9,389.	6,340.		44,506.
11	Total support. Add lines 7 through 10						22830453.
	Gross receipts from related activities,					<u> </u>	<u>,392,876.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						<u></u>
	ction C. Computation of Publi						01 60
	Public support percentage for 2023 (li					14	81.69 %
	Public support percentage from 2022					15	79.56 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts				•	VI how the organiz	ation
	meets the facts-and-circumstances te	•					
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				· ·		
40	organization meets the facts-and-circu				•		
18	Private foundation. If the organizatio	n ala not check a l	<u>oox on line 13, 16a</u>	a, 160, 17a, or 17b	<u>, cneck this box ar</u>	<u>1a see instructions</u>	<u> </u>

Schedule A (Form 990) 2023 Lawrence Hall Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					12.47.1/21	
14	First 5 years. If the Form 990 is for the	-					
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			oolumn (f))		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar						7 15 1101
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organization						

Schedule A (Form 990) 2023 Lawrence Hall 36-2167771 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Var	NIA
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
ти		
4b		
4c		
5a		
Эä		
5b		
5с		
6		
-		
7		
8		
9a		
əa		
9b		
9с		
10a		
 10b	. 000	0000
ILAFF		

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

<u>Schedule A (Form 990) 2023</u> Lawrence Hall 36-2167771 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu		•	T
Sect	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

36-2167771 Page 7 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: **a** Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023 Schedule A (Form 990) 2023

36-2167771 Page 8

Part V		mental	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;	<u></u>
	line 1; Pa	rt IV, Sect), lines 5, 6	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, tion 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	
Sched	lule A,	Part	II, Line 10, Explanation for Other Income:	
Other	Reven	ıe		
2019	Amount	: \$	13,100.	
2020	Amount	: \$	4,650.	
2021	Amount	: \$	9,389.	
2022	Amount	: \$	6,340.	
2023	Amount	: \$	11,027.	
-				
-				
				_

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

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

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

Lawrence Hall 36-2167771

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ \$ 495,357.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	* \$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Lawrence Hall

36-2167771

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

Name of organization **Employer identification number** 36-2167771 Lawrence Hall Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	me of organization Lawrence			Emp	loyer identification number 36-2167771	
Pa		ganization is exempt und	der section 501(c)	or is a section 527 or		
2	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures			.	
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c)(3).		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectic a Was a correction made? b If "Yes," describe in Part IV.	incurred by organization managen 4955 tax, did it file Form 4720	gers under section 4955 0 for this year?		Yes No	
		ganization is exempt und		•		
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures	nization's funds contributed to o	other organizations for se and on Form 1120-POL,	ection 527 \$	\$	
	line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	

b Lobbying ceiling amount 6,000,000. (150% of line 2a, column(e)) 78,000. 78,000. 78,750. 77,000. 311,750. c Total lobbying expenditures 250,000. 250,000. 250,000. 250,000. 1,000,000. d Grassroots nontaxable amount e Grassroots ceiling amount 1,500,000. (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Lawrence Hall 36-21677 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d					
e	Publications, or published or broadcast statements?				
Ť	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
n i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504/->/5	·	All a sa	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(s	o), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'No" OR	(b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
_	Current year				
b	Carryover from last year		I I		
C	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and propagatives part year?		4		
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4		
Par			3		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liath Dart II	1 lines 1 se	ad 0 (aaa	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), rait ii7	٦, III ادع ۱ ما	iu 2 (566	
II ISUL	ctions), and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Lawrence Hall

Employer identification number 36-2167771

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d 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 v	writing that the assets hel	d in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	f 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 stru	ucture included on line 2a	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	ind not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(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 trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

Sche	dule D (Form 990) 2023 Lawrence	e Hall			36-	-2167771 _{Page} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following that mal	ke significant use o	of its
	collection items (check all that apply).					
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's	exempt purpose in	Part XIII.
5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or other sin	nilar assets	
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?		Yes No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organization	n answered "Yes"	on Form 990, Par	t IV, line 9, or
10	Is the organization an agent, trustee, custodia		ion, for contribution	o or other seests	not included	
ıa			•			Yes No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a					res NO
ь	ii res, explain the arrangement in Part Alli a	and complete the follow	owing table.			Amount
_	Paginning balance				1c	, unount
	Beginning balance Additions during the year					
	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on Fo					Yes No
	If "Yes," explain the arrangement in Part XIII.		•			
Par						
		(a) Current year	(b) Prior year	(c) Two years ba		back (e) Four years back
1a	Beginning of year balance	12,723,738.	11,320,295.	1 1	<u> </u>	+ ' ' '
	Contributions	, ,	, ,	1,500,00		
	Net investment earnings, gains, and losses	1,934,713.	1,403,443.	-1,780,05		
	Grants or scholarships					
	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
	End of year balance	14,658,451.	12,723,738.	11,320,29	5. 11,600,	354. 7,389,818.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:	•	•
а	Board designated or quasi-endowment	28.6400	%	•		
b	Permanent endowment 4.1700	%	_			
С	Term endowment 67.1900	<u></u>				
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.				
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held a	nd administered for	or the	
	organization by:					Yes No
	(i) Unrelated organizations?					3a(i) X
	(ii) Related organizations?					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization					
4	Describe in Part XIII the intended uses of the					
Par	t VI Land, Buildings, and Equipm					
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. S	See Form 990, Par	t X, line 10.	
	Description of property	(a) Cost or ot	her (b) Cost	t or other (c) Accumulated	(d) Book value
	-	basis (investm	ent) basis	(other)	depreciation	
1a	Land		7	4,408.		74,408.

3,027,402.

302,027.

Schedule D (Form 990) 2023

426,644.

14,024,903.

52,622.

2,600,758.

249,405.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) ...

Scriedule D (Form 990) 2023 Hawrence Ha		30	ZIOIIII Page O
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Beneficial Interest in Irr		st	12,967,541.
(2) Operating Lease Right-of-U			193,079.
(3) Finance Lease Right-of-Use	e Assets		186,075.

(a) Description	(b) Book value
(1) Beneficial Interest in Irrevocable Trust	12,967,541.
(2) Operating Lease Right-of-Use Assets	193,079.
(3) Finance Lease Right-of-Use Assets	186,075.
(4) Accured Assets	351,710.
(5)	
(6)	
(7)	

(9) 13,698,405. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

(8)

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

1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Other Liabilities	1,476,450.		
(3) Advances from Government Agencies	3,432,271.		
(4) Operating Lease Liabilities	178,725.		
(5) Financing Lease Liabilities	185,030.		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,272,476.		

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

SCITE	edule D (Form 990) 2023 Hawlence Hall				ZIOIIII Page -
Paı	rt XI Reconciliation of Revenue per Audited Financial Statements W	/ith	n Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	32,155,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	<u>a</u>	1,656,429.		
b	Donated services and use of facilities	<u> </u>			
С	Recoveries of prior year grants 2c	ر د			
d	Other (Describe in Part XIII.)	<u>t</u>	1,930,514.		
е	Add lines 2a through 2d			2e	3,586,943.
3	Subtract line 2e from line 1			3	28,568,629.
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	<u>a</u>	59,713.		
b	Other (Describe in Part XIII.)	<u>.</u>			
С	Add lines 4a and 4b			4c	59,713.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u>.</u>		5	28,628,342.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements \	Wit	th Expenses per F	≀etur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	27,711,242.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a	<u>a</u>			
b	Prior year adjustments 2b	<u>. </u>			
С	Other losses 2c	<u>:</u>			
d	Other (Describe in Part XIII.)	<u></u>			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	27,711,242.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>a</u>	59,713.		
b	Other (Describe in Part XIII.)	<u>. </u>			
С	Add lines 4a and 4b			4c	59,713.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Part XIII Supplemental Information

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

Part V, line 4:

Funds designated as "quasi-endowment" funds on Line 2a in this section are unrestricted earnings on these investments are withdrawn annually to fund programmatic operations while the principal and gains and losses thereon remain invested subject to discretionary action by management to use the funds, as needed, for programmatic or capital initiatives. Similarly, funds designated as "term endowment" funds on Line 2c in this section are unrestricted as to purpose, and earnings on these investments are also withdrawn annually to fund programmatic operations while the principal and gains and losses thereon remain invested. These funds are considered temporarily restricted as to timing, and action by the organization's Board of Trustees in a manner consistent with UPMIFA standards of prudence

Part XIII | Supplemental Information (continued)

is required to appropriate these funds for use Funds designated as

"permanent endowment" funds on Line 2b in this section are permanently

restricted as to principal and cannot be withdrawn for organizational use.

As with the other classes of endowment investments, earnings are withdrawn annually to fund programmatic operations.

Part X, Line 2:

The guidance on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the agency may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax exempt status of the agency and various positions related to the potential sources of unrelated business taxable income (UBTI). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities during the periods covered by these financial statements. The Agency files Form 990 in the U.S. federal jurisdiction and the state of Illinois.

Part	XI,	Line	2d	- Ot	her Ad	djustments:
------	-----	------	----	------	--------	-------------

Increase in Value of Beneficial Interest	1,119,876.
Pension Related Changes	677,504.
Net Periodic Pension Benefit	133,134.
Total to Schedule D, Part XI, Line 2d	1,930,514.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number Lawrence Hall 36-2167771 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 gr	oss income on Form 990	EZ, lines 1 and 6b. List e		ts greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			Fall Fete		None				
			Dinner			(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
e			(Gveric type)	(ovoin typo)	(total Hallibol)				
Revenue		_	205 501			205 501			
ě	1	Gross receipts	295,591.			295,591.			
_									
	2	Less: Contributions	208,964.			208,964.			
	3	Gross income (line 1 minus line 2)	86,627.			86,627.			
		· · · · · · · · · · · · · · · · · · ·							
	4	Cash prizes							
	•								
	5	Noncock prizes							
'n		Noncash prizes							
se		5	F 202			F 202			
Direct Expenses	6	Rent/facility costs	5,392.			5,392.			
$\bar{\Sigma}$									
e ect	7	Food and beverages	37,500.			37,500.			
Ë									
	8	Entertainment	5,100.			5,100.			
	9	Other direct expenses	21,306.			21,306.			
	10					69,298.			
	11	Net income summary. Subtract line 10 from I	()			17,329.			
Pa	rt l								
		\$15,000 on Form 990-EZ, line 6a.	anoworda roo orrionn	000,1 0.11, 1.110 10, 011	oportou more trian				
		\$10,000 0111 01111 000 EZ, mile da.		(b) Pull tabs/instant		(d) Total gaming (add			
þ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
Revenue				billigo/progressive billigo		coi. (a) tillough coi. (c)			
ě									
	1	Gross revenue							
S	2	Cash prizes							
Expenses									
be	3	Noncash prizes							
ŭ									
Direct I	4	Rent/facility costs							
₫									
	_	Other direct expenses							
	-	Caro, direct experieds	Yes %	Yes %	Yes %				
		Mahamba ay lah ay							
	6	Volunteer labor	No No	L No	No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)						
9	En	ter the state(s) in which the organization condu	ucts gaming activities:						
a Is the organization licensed to conduct gaming activities in each of these states?									
b If "No," explain:									
	_								
10-	\\/-	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No							
			· · · · · · · · · · · · · · · · · · ·			. LI 169 LINO			
D	HT"	Yes," explain:							

Sch	nedule G (Form 990) 2023 Lawrence Hall 36	5-2167	771	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	\square	Yes	∟ No
	a The organization's facility	13a	1	%
	o An outside facility			%
	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?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t .		
	of gaming revenue retained by the third party \$			
•	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager comparation			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	€		
Pa	organization's own exempt activities during the tax year \$ INT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III lir	200 0 1	2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	r art iii, iii	163 3,	55, 105,
_				

Schedule G	(Form 990) Lawrence Hall	36-2167771	Page 4
Part IV	(Form 990) Lawrence Hall Supplemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Lawrence	Hall						36-2167771
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records or criteria used to award the grants or assistance.	stance?						n X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) a Enter total number of other organizations 	-		e line 1 table				

Schedule I (Form 990) 2023 Lawrence Hall 36-2167771

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
pecific Assistance to Clients	1241	2,406,844.	0.		
oster Care Room & Board	318	1,499,789.	0.		

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

Part I, Line 2:

The Agency works with the Illinois Department of Children and Family

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

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

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

a rateable approach where program staff prepare check requests for the

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

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

Page 2

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Lawrence Hall

Part I Questions Regarding Compensation

 $\begin{array}{c} \text{Employer identification number} \\ 36-2167771 \end{array}$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	☐ Independent compensation consultant ☐ Independent Compensation Compensati			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 Lawrence Hall 36-2167771

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Kara Teeple	(i)	201,694.	0.	973.	8,179.	3,411.	214,257.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Devan Hughes	(i)	144,474.	0.	232.	5,860.	2,783.	153,349.	0.
Chief Financial Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2023	Lawrence Hall	36-2167771	Page 3
Part III Supplemental Informa			
Provide the information, explanati	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	nd 8, and for Part II. Also complete this part for any additional information	n.

SCHEDULE K (Form 990) Department of the Treasury

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2023
Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

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

36-2167771 Lawrence Hall See Part VI for Column (f) Continuations Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf (i) Pooled of issuer financing Yes No Yes No Yes No Refunding of 2006 Illinois Finance 86-109196745200BJ90 08/14/14 | 12100000. Bond used for Cam A Authority Х Х X D Proceeds В C D 3,895,946. **1** Amount of bonds retired Amount of bonds legally defeased 12,100,000. Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds 6 Proceeds in refunding escrows 135,000. Issuance costs from proceeds 8 Credit enhancement from proceeds **9** Working capital expenditures from proceeds Capital expenditures from proceeds 11,965,000. Other spent proceeds Other unspent proceeds 2008 13 Year of substantial completion No Yes Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Х if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Х issued prior to 2018, an advance refunding issue)? Х Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the Х final allocation of proceeds?

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

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023 Lawrence Hall 36-2167771 Page 2

Part III Private Business Use

Par	t III Private Business Use								
			A	I	3	(Ç	Γ)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%	%			%
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		X						
Par	t IV Arbitrage								
			Ą	l	3		Ç	Г)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?		_						T
	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X					-	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								ı
3	Is the bond issue a variable rate issue?		X						

<u>Schedule K (Form 990) 2023</u> <u>Lawrence Hall</u> 36-2167771 Page 3

Part IV Arbitrage (continued)									
,		A	E	3		С	Г	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?		X							
b Name of provider									
c Term of hedge									
d Was the hedge superintegrated?									
e Was the hedge terminated?									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X							
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		X							
7 Has the organization established written procedures to monitor the									
requirements of section 148?	X								
Part V Procedures To Undertake Corrective Action									
		A	E	3		С	D		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under									
applicable regulations?	X								
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instr	uctions.						
Schedule K, Part I, Bond Issues:									
(a) Issuer Name: Illinois Finance Authority									
(f) Description of Purpose:									
Refunding of 2006 Bond used for Campus Renovation	1								
							,		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Lawrence Hall

Employer identification number 36-2167771

Form 990, Part I, Line 1, Description of Organization Mission:

Lawrence Hall is a not-for-profit child welfare agency established to

assist, through a seamless delivery of Services, at-risk youth and
their families, to develop the self-worth, knowledge, and skills they
need to lead independent and productive lives.

Form 990, Part III, Line 4a, Description of Program Service:

In FY24, the Lawrence Hall continuum of care offered results-oriented

treatment and therapeutic services to over 1,559 youth and families

throughout the Foster Care, Residential Treatment and Older Adolescent

Programs. Youth and their families access evidence-based

results-oriented treatment programs and supportive services including

mental and behavioral health care, medical and wellness services,

therapeutic recreation and expressive therapy (art, music, pet therapy,

and horticulture) services, family therapy and case management, civic

engagement and volunteerism, LGBT support services, and spiritual

development. Our service model offered in a stable and caring

environment, addresses trauma, promotes attachment and bonding, and

supports the family connection while teaching youth the self-management

skills necessary in order to live successful, independent lives.

Form 990, Part III, Line 4b, Description of Program Service:

In FY24, Lawrence Hall Therapeutic Day School (Chicago Campus) educated

64 students with emotional/behavior challenges and learning

disabilities that inhibit success in their local public-school

settings. A rigorous curriculum aligned with the Illinois Common Core

Schedule O (Form 990) 2023 Page **2**

Name of the organization

Lawrence Hall

Employer identification number 36-2167771

Standards, combined with the Classroom Community Model, combined with an evidence based affective education program allows students to achieve academic progress while learning the self-regulation and pro-skills they need to be successful beyond the school walls. In FY24, there was an 70% attendance rate and a 100% graduation rate. All Therapeutic Day School Teachers hold special education certification and over 80% have a master's degree. Lawrence Hall School has been accredited by Cognia formally AdvanceD for over thirty years. It has been recognized for its exceptional dedication, commitment, and achievement in the field of special education.

Form 990, Part III, Line 4c, Description of Program Service: In FY24, the Workforce Development Program (Project Work) continued to grow its efforts to prepare young adults to enter the workforce and engage in prosocial behaviors. The portfolio of services in Project Work continues to grow, to include MY TIME, One Summer Chicago, Summer Youth Employment Program, Chicagoability, Mentoring, Ready to Achieve Mentoring Program, Workforce Innovation and Opportunity Act, Illinois Youth Investment Program, Contact Tracing, RISE, CYEP, HOPES, Community Based Violence Intervention and Prevention and After School Matters. These programs are funded through a variety of City, State and Federal Grants. Through these different programs Lawrence Hall provides case management, expungement services, job readiness, mentoring, youth employment, restorative justice and therapy to young adults. Additionally, Lawrence Hall hosts a community based anti-violence coalition and hosts a weekly meal service for community members. Through these programs we served an additional 589 youth.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

Lawrence Hall

Semployer identification number 36-2167771

Form 990, Part VI, Section B, line 11b:

The external accounting firm prepares the Form 990 based on information provided by the organization. The Chief Financial Officer of the Agency completes a thorough review of the Form 990 and approves a draft filing to be distributed to all Trustees for questions and comments. Feedback is required within five days of distribution. Once all inquiries are resolved and any necessary changes are made, the Form 990 is finalized and filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

The Agency maintains an Ethical Conduct Policy, which includes provisions specifically addressing Conflicts of Interest. On an annual basis, the President of the Board of Trustees formally presents the Ethical Conduct Policy at a Board of Trustees meeting and distributes the policy to each Trustee along with a disclosure form that the Trustee must sign and return disclosing any conflicts of interest. In addition, the Personnel Committee and the Review Committee of the Board, both charged with Excess Benefit Transaction Review, meet annually to review Trustee conflict of interest statements and to disclose Agency operations with executive management to ensure that any such activities are being appropriately reported and approved. The Conflict-of-Interest policy as described here applies to all Board members. Any person with a conflict of interest is prohibited from participating in deliberations or actions surrounding any applicable transactions.

Form 990, Part VI, Section B, Line 15:

The Review Committee, composed of the Chairman, President, and

President-elect of the Board of Trustees of the Agency and the Chairman of

<u>Schedule O (Form 990) 2023</u> Page **2**

Lawrence Hall 36-2167771 the Personnel Committee, will review and approve the compensation arrangements for disqualified persons (voting members of LH'S Board of Trustees, Chief Executive Officer, Executive Vice President-Program, Executive Vice President-Finance, Executive Vice President-Administration, any individual/entity that contributes in excess of 2% of the organization's annual contribution (significant contributor)) on an annual basis in conjunction with annual salary adjustments or more frequently, as needed, in conjunction with any other proposed compensation transactions. Such review and approval will be conducted in advance of implementation of the compensation adjustment. Such review and approval will be based on comparable compensation data relevant to the disqualified person's position and function with the Agency. Such review and approval will be appropriately documented as a matter of record in the minutes for the Review Committee meeting at which the review takes place.

Form 990, Part VI, Section C, Line 19:

The organization currently makes its annual financial statements available to the public by posting on the Agency's website. Governing documents and the Conflict-of-Interest policy are not posted on the website but would be provided upon request. All documents are made available pursuant to the disclosure requirements of section 6104(d).

	Form 99	0, Par	t XI,	line	9,	Changes	in	Net	Assets:	
--	---------	--------	-------	------	----	---------	----	-----	---------	--

Increase in Value of Beneficial Interest	1,119,876.
Pension Related Changes	677,504.
Net Periodic Pension Benefit	133,134.
Total to Form 990, Part XI, Line 9	1,930,514.

Employer identification number

Name of the organization

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	Lawrence Hall						<u>36-21677</u>	71	
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity			(c) (d) Legal domicile (state or foreign country)			(f) Direct controlling entity		9
	Identification of Related Tax-Exempt Organiza	tions. Complete if the organization	answered "Ves" on Form 990	Part IV line 34 k	pecause it had one	or more	related tax-every	mot	
Part II	organizations during the tax year.	Tomplete if the organization of	answered res on rollingso	, 1 art 1V, mic 04, t	T Tad one	or more	TCIALCG LAX CXCI		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
					501(c)(3))			Yes	No

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

organizations treated as a particism during the tax year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership		
		country)		sections 512-514)		4,000,10	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>		
											 		

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

(a)	(b)	(b) (c)		(e)	(f)	(g)	(h)	()	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	I	tion b)(13) rolled tity?
		country)		,				Yes	No
	-								
Charitable Remainder Annuity Trusts (3)	Charitable Trust	IL	Lawrence Hall	TRUST					x
	_								
	-								
	1								
	1								
	_								
									<u> </u>
	4								
	4								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	<u>^</u> _		
С	Gift, grant, or capital contribution from related organization(s)				1c	X		
					1d	X		
е	Loans or loan guarantees by related organization(s)				1e	X		
f	Dividends from related organization(s)				1f	X		
g	Sale of assets to related organization(s)				1g	X		
h	Purchase of assets from related organization(s)				1h	X		
i	Exchange of assets with related organization(s)				1i	X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X		
						Х		
	k Lease of facilities, equipment, or other assets from related organization(s)							
	Performance of services or membership or fundraising solicitations for related organ				11	X		
	Performance of services or membership or fundraising solicitations by related organi				1m	X		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10	X		
р	Reimbursement paid to related organization(s) for expenses				1p	X		
q	Reimbursement paid by related organization(s) for expenses				1q	X		
	Other transfer of cash or property to related organization(s)				1r	<u> </u>		
	Other transfer of cash or property from related organization(s)				1s	X		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete th	is line, including covered rela	tionships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved			
(1)								
(2)								
(3)								
(4)								
(E)								
(5)								
(6)								
(6)	00.00.00			Cahadala	R (Form 9	00/ 2022		
332163	09-28-23			Schedule	u (Loun a	3 0) 2023		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000