** 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	e 2018 calendar year, or tax year beginning 501 1, 2018	na enaing	JUN 30,	2019		
B c	Check if pplicable	C Name of organization		D Emp	loyer identi	ication numbe	r
	Addre	HOLCOMB ASSOCIATES, INC.					
	Name chang	Doing business as			23-2	093566	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	te E Teler	ohone numb	er	
	Final return/	467 CREAMERY WAY			(610)	363-1488	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts \$	33	,066,118.
	Ameno return	ded EXTON, PA 19341		H(a) Is 1	this a group	return	
	Applic tion	F Name and address of principal officer: TERENCE G. BLACKWELL, JR.			subordinate		s X No
	pendir	SAME AS C ABOVE		1	all subordinates		
1 1	Гах-ех	empt status: $X = 501(c)(3)$ $501(c)()$ (insert no.) 4947(a)	(1) or 52	-		a list. (see instru	ıctions)
		te: WWW.CHIMES.ORG; WWW.HOLCOMB-BHS.ORG		_	•	on number	,
		organization; X Corporation Trust Association Other	L Ye	ar of formation	'	M State of legal	domicile: PA
	art I	Summary	1 =			otato or rogar	
	_	Briefly describe the organization's mission or most significant activities: TO S	UPPORT AN	D PROMOTI	E THE		
S		OVERALL HEALTH AND WELL-BEING OF PEOPLE BY HELPING THEM UN					
Jan	l	Check this box if the organization discontinued its operations or dis		re than 25%	6 of its net as	eete	
Je.			•		1 _	1	10
é	1				·····	+	8
જ		Number of independent voting members of the governing body (Part VI, line 1b					967
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)				+	8
Activities & Governance		Total number of volunteers (estimate if necessary)					0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12				1	0.
	b	Net unrelated business taxable income from Form 990-T, line 38	·····				
			_	Prior	Year	Current	
ē	1	Contributions and grants (Part VIII, line 1h)	·····		13,670		106,575.
en	I .	Program service revenue (Part VIII, line 2g)		2	9,998,047		,959,528.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			28	1	15.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	····		291,123		0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		3 (0,302,868	+	,066,118.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0 .		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0 .	1	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	20	0,269,023	. 23	,573,050.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0 .	,	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10	0,254,072	. 10	,074,519.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3 (0,523,095	. 33	,647,569.
		Revenue less expenses. Subtract line 18 from line 12			-220,227	, -	-581,451.
Net Assets or Fund Balances				Beginning of	Current Year	End of	Year
sets	20	Total assets (Part X, line 16)		1:	1,694,787	. 79	,318,222.
ASS	21	Total liabilities (Part X, line 26)		:	8,426,525	. 76	,175,730.
E.E.	22	Net assets or fund balances. Subtract line 21 from line 20			3,268,262	3	,142,492.
Pa	art II	Signature Block					
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying sched	ules and state	ments, and to	the best of m	y knowledge and	belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepar	er has any kr	nowledge.		
Sigi	n	Signature of officer		•	Date		
Her		TERENCE G. BLACKWELL, JR., PRESIDENT/CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	R	Date	Check	PTIN	
Paid	I	KRISTEN BARNETT	x Barnett	05/01/2020	if self-empl	oved P0123457	78
	oarer	Firm's name RSM US LLP		<u>'</u>	Firm's EIN ▶	42-07143	
	Only	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400			I IIIII O LIIV		
	2,	MCLEAN, VA 22102			Phone no 70	3-336-6400	
Mar	, tha II	RS discuss this return with the preparer shown above? (see instructions)			i ilulie IIU. 70	X Yes	N.c.
ıvıa)	, uie li	10 discuss this return with the preparet SHOWH above? (SEE HISHUCTIONS)				∟ <u>-</u> res	No

23-2093566

Pa	Charlet Cohere to Program Service Accomplishments	Х
	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u> _
1	Briefly describe the organization's mission:	
	TO SUPPORT AND PROMOTE THE OVERALL HEALTH AND WELL-BEING OF PEOPLE BY	
	HELPING THEM UNDERSTAND, MANAGE, AND OVERCOME PROBLEMS.	
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.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes A No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	t hy expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	• •
	revenue, if any, for each program service reported.	ar experience, arra
4a		32,959,528.)
	HOLCOMB ASSOCIATES, INC. (THE ORGANIZATION), OPERATING AS HOLCOMB	,
	BEHAVIORAL HEALTH SYSTEMS, IS A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION	
	REGISTERED WITH THE PENNSYLVANIA BUREAU OF CHARITABLE ORGANIZATIONS.	
	THE ORGANIZATION, FOUNDED IN 1979, IS A BEHAVIORAL HEALTH CARE NETWORK	
	PROVIDING FIVE DISTINCT SERVICES TO THE POPULATION OF SOUTHEASTERN	
	PENNSYLVANIA.	
	TREATMENT AND ASSESSMENT SERVICES - THESE SERVICES ARE INCLUSIVE OF ALL	
	PROGRAMS PROVIDING CLINICAL ASSESSMENT AND/OR TREATMENT INTERVENTIONS	
	FOR MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES. RESIDENTIAL SERVICES -	
	THESE SERVICES ARE INCLUSIVE OF ALL PROGRAMS WHERE FORMAL HOUSING AND	
	ANCILLARY SUPPORT SERVICES ARE OFFERED FOR MENTAL HEALTH, SUBSTANCE	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
4c	(Code:) (Expenses \$)
		, /
4d	Other program services (Describe in Schedule O.)	
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 26,747,892.	/
		Farm 990 (0010)

Form 990 (2018) HOLCOMB ASSOCIATES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			•
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_ A
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	· , , , , , , , , , , , , , , , , , , ,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
b	·	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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		Х

23-2093566

Form 990 (2018) HOLCOMB ASSOCIATES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			۱.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-00		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	21	
ь		35b		х
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	งอม		
30	If "Yes." complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 01		
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			000	

23-2093566

Form 990 (2018) HOLCOMB ASSOCIATES, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field of the Leaderdary para employ with or with in the year covered by this naturu. 19 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 X 31 Note, if the sum of lines 1 and 2a legizate than 505, your may be required to a file (see instructions). 32 If a file the organization have unrelated business gross income of \$1,000 or more during the year? 33 If a file the organization have unrelated business gross income of \$1,000 or more during the year? 34 At any time during the calendary are, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, and the organization have are interest in, or a signature or other authority over, a financial account in a foreign country year, and the organization face the report of the calendary of the proteign country. 35 Was the organization party to a prohibited tax sheller transaction at any time during the tax year? 36 Was the organization or party to a prohibited tax sheller transaction or gifts of the organization that it was or is a party to a prohibited tax sheller transaction solicit any contributions that were not tax deductibles of the advantable contributions? 36 If If Yes I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of tax deductibles of the propartization solicit any contribution that were not tax deductibles of the propartization receive a parent in excess (STS rate purply as a cultification and parenty for goulds and services provided to the payor? 37 Tax X 38 If Yes, ' did the organization may receive deductible contributions under section 170(c). 39 If Yes, ' indicate the number of Forms 8282 filed during the year 39 If Yes, ' indicate the number of Forms 8282 filed during the year 39 If Yes, ' indicate the number of Forms 8282 filed d					Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a_nbe (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to g-file (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 41 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 42 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 43 B the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 44 S E the organization have amusing gross recepts that at was or is a party to a prohibitod tax shelter transaction? 45 D id any contributions that were not tax eductable as charlable contributions? 46 D id the organization have amusing gross recepts that at was or is a party to a prohibitod tax shelter transaction solicity any contributions that were not tax eductables as charlable contributions? 46 D if the organization have amusing gross recepts that an enomally greater than \$100,000, and did the organization solicity are contributions under section 170(c). 56 D if the organization receive a parent in excess of \$15 made party as a contributions or gifts were not tax deductables and the average of the party of the contributions or gifts were not tax deductables. 56 D if the organization receive and contribution or the value of the goods or services provided? 57 Organizations that may receive deductable or the party of t		filed for the calendar year ending with or within the year covered by this return	2a 967			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b) If I'ves, "has it filed a Form 9805 for this year? If "No" to fine 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, feuch as a bank account, securities account, or other financial account or the financial account in a foreign country. See the financial account in a foreign country feuch as a bank account, a souther account, or other financial accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). See instructions for the filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for the organization that it was or is a party to a prohibited tax sheter transaction? 5b X Color and Yang American Am	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule 0 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account? a foreign country, (such as a bank account, securities account, or other financial accounts? 5b If "Yes," enter the name of the foreign country, (such as a bank account, securities account, or other financial accounts (FBAR). 5c entertools for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c in "Yes," to line 5a or 5b, did the organization file Form 8888-17 6 Dos the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b If "Yes," of the organization include with every sellicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every sellicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization rollid wheely sellicitation an express statement that such contributions or gifts were not tax deductible? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If yes," did the organization notify the donor of the value of the goods or services provided? 10 If the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? 10 If the organization received any pure minum, directly, to pay premiums on a personal benefit contract? 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1088-07 11 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1088-07 12 Section 501(Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
4a A any time during the calendar year, clid the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b f' Yes," enter the name of the foreign country: Sea instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c T' Yes' to line Sa or Sb, did the organization file Form 888617 6a Does the organization anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b T' Yes," did the organization include with every solicitation an express statement that such contributions or gifts were nor tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$76 made party is a contribution and party for goods and services provided to the payor? 7 Organization shall may receive deductible on the payor of the value of the goods or services provided? 7 Organization receive apyment in excess of \$76 made party is a contribution of your services provided? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fle or payment in excess of the payment in excess of the payment in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fle a Form 1098C? 8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fle a Form 1098C? 9 Sponsoring organization received a contribution of the payment in the organization fle organization fle a Form 109	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
b If "Yes," enter the name of the foreign country: ▶ See instructions for tiling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). So Was the organization aparty to a prohibited tax shelter transaction? So D od any taxable party notify the organization file Form 88867? Boes 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? So D if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To Granizations that may receive deductible contributions under section 170(c). But the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Faria and a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To I if "Yes," did the organization netwide deductible contributions under section 170(c). But the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? But the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Variation for the section \$75 made partly as a contribution and partly for goods and services provided to the payor? To Good if "Yes," indicate the number of Forms 8282 filed during the year But the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To I if the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To I if the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did th	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	а			9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	10	1 11 1 -	1 1			
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X X X				14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year?		15		Х
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
		If "Yes," complete Form 4720, Schedule O.			000	

Form 990 (2018)

HOLCOMB ASSOCIATES, INC.

Part VI Governance, Management, and Disclosure

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	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 10			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
_	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
h	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:	1.5		
	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	0.5		
·	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 -	Į.	
	(This occurr is requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	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 ▶PA			
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):	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	STEPHEN DARE - (610) 363-1488			
	ARIS SETTON DELVE BALTIMODE MD 21215			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do			ition		nne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Cer ai	lu a u	recid	rrius	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 27 1000 111100)		and related
	below	idual	ution	 	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) GEORGE CARLINO	1.00									
CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(2) ROBERT WARD	1.00									
VICE CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(3) KAREN HOLCOMB	1.00									
SECRETARY		Х		Х				0.	136,460.	11,489.
(4) THOMAS PALERMO	1.00	1								
ASST SECRETARY	44.00	Х						0.	180,496.	18,518.
(5) PETE DAKUNCHAK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) GEORGE HUMMEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JOSEPH J. JEROME	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) GEORGE ZUMBANO, ESQ.	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(9) TERENCE G. BLACKWELL, JR.	3.00									
PRESIDENT/CEO	53.00	Х		Х				0.	381,684.	29,908.
(10) STEPHEN DARE	3.00	1								
CFO	53.00	Х		Х				0.	220,499.	9,597.
(11) ROGER OSMUN	40.00	1								
CHIEF OPERATING OFFICER				Х				219,945.	0.	1,452.
(12) NICOLE BROWN	40.00	_							_	
CHIEF OPERATING OFFICER				Х				123,316.	0.	2,200.
(13) TENESA RIVERA JEFFRESS	40.00	4							_	
PSYCHIATRIST						Х		248,378.	0.	5,090.
(14) APRIL S. LADAVAC	40.00	4							_	
PSYCHIATRIST		<u> </u>	_		_	Х	<u> </u>	225,352.	0.	20,532.
(15) NATALIE S. BILYNSKY	40.00	4							_	
REGIONAL PROGRAM DIRECTOR		<u> </u>	_		_	Х	<u> </u>	132,633.	0.	9,724.
(16) JANE L. MEROLLA	40.00	4							_	
REGIONAL PROGRAM DIRECTOR	-	<u> </u>				Х	<u> </u>	123,606.	0.	2,748.
		-								
										000

Par	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B) (C)						(D)	(E)			(F)		
	Name and title	Average	(do not check more than one		Reportable	Reportable		Es	stimate	ed				
		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	n	ar	nount	of
		week		officer and a director/truste		iee)	from	from related			other			
		(list any hours for	recto						the	organizations		ı	pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)	l	om th anizat	
		organizations	ruste	l trus		99	npen		(***-2/1099*****130)			ı ~	d relat	
		below	Individual trustee or director	In stit utio nal tru stee	_	n ploy	st co	in in				l	anizati	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
			ŀ											
				_										
	Sub-total								1,073,230.	919,1			111,	258.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	1,073,230.	919,1			111,	258.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				6
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tw		. ka		مامم		۰	high act companded on	malayaa an	1		163	140
3		,			•	•	•		•			3		х
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		
7	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a											_		
3	rendered to the organization? If "Yes," com	•				•		Jaco	ed organization or individ	dai ioi seivices		5		Х
Sec	tion B. Independent Contractors	<u>ipiete Scriedule</u>	, J 10	JI SL	<u>ICIT J</u>	Jers	OII .							
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A) (B) (C)													
	Name and business	address							Description of s	ervices	<u>C</u>	ompe	nsatio	n
BDO	OV (4074) DIMMODYDOY DE 15001								GMARRING GROVES				F1 F	120
PO E	30X 642743, PITTSBURGH, PA 15264							\dashv	STAFFING SERVICES				515,	138.

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

Form **990** (2018)

23-2093566

Part VIII St	atement of	f Revenue
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		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Y,G	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
s, (mil	е	Government grants (contribution	ons) 1e					
r Si	f	All other contributions, gifts, grant	ts, and					
but		similar amounts not included above	/e 1f	106,575.				
d di	g	Noncash contributions included in lines 1	1a-1f: \$					
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f		>	106,575.			
				Business Code				
9	2 a			624100	15,489,588.	15,489,588.		
ē Ķ	b	MEDICARE/MEDICAID PAYM		624100	15,231,075.	15,231,075.		
Scena	С			624100	1,586,324.	1,586,324.		_
ran 3ev	d	SERVICES/TRAINING INCO		624100	652,541.	652,541.		
Program Service Revenue	е							
۵ ا	f	All other program service rever			20 050 500			
	g	Total. Add lines 2a-2f			32,959,528.			
	3	Investment income (including			1 =			1.5
		other similar amounts)			15.			15.
	4	Income from investment of tax						
	5	Royalties						
	۰.	Ouese wente	(i) Real	(ii) Personal				
		Gross rents		 				
	b							
	4	Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)	1					
		Net gain or (loss)		•				
		Gross income from fundraising						
ηne	•	including \$	`					
Other Reven		contributions reported on line						
ı,		Part IV, line 18		.				
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities .					
	10 a	Gross sales of inventory, less i	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sales	s of inventory .	>				
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	C			 				
		All other revenue						
		Total. Add lines 11a-11d			22 000 110	22 050 522		1.5
	12	Total revenue. See instructions		🕨 📗	33,066,118.	32,959,528.	0.	15.

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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a response			ipiete column (A).	
	not include amounts reported on lines 6b.	(A) Total expenses	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		σχροποσσ	general expenses	скропосо
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	140,242.	116,209.	24,033.	
_	trustees, and key employees	110,212.	110,203.	24,033.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	10 012 010	16 442 040	2 260 070	
7	Other salaries and wages	19,812,010.	16,443,040.	3,368,970.	
8	Pension plan accruals and contributions (include	250 571	107 610	61 052	
_	section 401(k) and 403(b) employer contributions)	259,571.	197,619.	61,952.	
9	Other employee benefits	1,297,379.	1,117,695.	179,684.	
10	Payroll taxes	2,063,848.	1,712,656.	351,192.	
11	Fees for services (non-employees):				
а	Management	0.746		0.746	
b	Legal	2,746.	5 454	2,746.	
	Accounting	170,617.	5,454.	165,163.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	486,956.	43,037.	443,919.	
12	Advertising and promotion	100.	100.		
13	Office expenses	734,580.	546,937.	187,643.	
14	Information technology	257,098.	87,121.	169,977.	
15	Royalties				
16	Occupancy	2,902,455.	2,002,532.	899,923.	
17	Travel	478,725.	392,556.	86,169.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	118,428.	118,428.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	515,881.	232,008.	283,873.	
23	Insurance	168,516.	156,014.	12,502.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	CENTRAL AGENCY ADMIN EX	1,758,907.	1,533,930.	224,977.	
b	TEMPORARY STAFF	1,364,292.	1,160,333.	203,959.	
С	PROGRAM ACTIVITY	380,109.	369,648.	10,461.	
d	BAD DEBT EXPENSE	216,156.	65,182.	150,974.	
е	All other expenses	518,953.	447,393.	71,560.	
25	Total functional expenses. Add lines 1 through 24e	33,647,569.	26,747,892.	6,899,677.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2019)

Form 990 (2018) Part X Balance Sheet

Pai	IL A	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,656,094.	1	667,447.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				В	
	4	Accounts receivable, net		4,237,159.	4	3,593,542.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
ς,		section 4958(f)(1)), persons described in section	4958(c	e)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges	187,549.	9	660,466.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,483,668.			
	b			5,075,258.	5,306,369.	10c	5,408,410.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	307,616.	15	68,988,357.		
	16	Total assets. Add lines 1 through 15 (must equal	11,694,787.	16	79,318,222.		
	17	Accounts payable and accrued expenses			2,330,077.	17	2,113,016.
	18	Grants payable		18			
	19	Deferred revenue			208,179.	19	217,204.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officers				
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
ig		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela			1,909,660.	23	0.
	24	Unsecured notes and loans payable to unrelated			118,122.	24	0.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			3,860,487.	25	73,845,510.
	26	Total liabilities. Add lines 17 through 25			8,426,525.	26	76,175,730.
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 an					
ည	27	Unrestricted net assets			3,268,262.	27	3,142,492.
aa	28	Temporarily restricted net assets		28			
B	29	Permanently restricted net assets				29	
Ë		Organizations that do not follow SFAS 117 (A					
卢		and complete lines 30 through 34.					
ţŝ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			3,268,262.	33	3,142,492.
	34	Total liabilities and net assets/fund balances			11,694,787.	34	79,318,222.

Form **990** (2018)

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>		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	33,06	6,1	.18.
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	3 Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,26	8,2	62.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		45	55,6	81.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		3,14	2,4	192.
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>	<u></u>	<u>. </u>	Х
			_	Ye	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		Х
	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?		2	b X		
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit	t			
	Act and OMB Circular A-133?		3	a	\perp	Х
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 in Schedule O and describe any steps taken to undergo such audits		3	b	\perp	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

1 990 01 990-EZ

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

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** HOLCOMB ASSOCIATES INC. 23-2093566 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	104,452.	106,686.	102,843.	13,670.	106,575.	434,226.
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	104,452.	106,686.	102,843.	13,670.	106,575.	434,226.
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)						
	Public support. Subtract line 5 from line 4.						434,226.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	104,452.	106,686.	102,843.	13,670.	106,575.	434,226.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	20	0.1	1.2	0.0	1.5	445
	and income from similar sources	38.	21.	13.	28.	15.	115.
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.)						434,341.
11						40	145,551,678.
12	Gross receipts from related activities,	•	,			12	143,331,070.
13	First five years. If the Form 990 is for organization, check this box and stop	-			•		▶□
Sec	etion C. Computation of Publi						
	Public support percentage for 2018 (I			olumn (fl)		14	99.97 %
15	Public support percentage from 2017			* * * * * * * * * * * * * * * * * * * *		15	99.80 %
	33 1/3% support test - 2018. If the o						_
	stop here. The organization qualifies	-				,	
b	33 1/3% support test - 2017. If the o		•				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		• • •				
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"		•	-			
b	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ	cumstances" test.	The organization qu	ualifies as a public	ly supported orgar	nization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	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	ļ					
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	•
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here	······					>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						>
k	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	, and the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion 5.7th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A				
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.		
Sect	ion 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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
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 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting orga	anization (see	
	instructions)				

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	(continued)	
Sect	ion D - Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	LAUGOO HUIH ZUTU			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	HOL	OMB ASSOCIA	TES, INC.		23-2093566		
Organiz	Organization type (check one):						
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not	treated as a private foundation			
		527 polit	cal organization				
Form 99	0-PF	501(c)(3)	exempt private foundation				
		4947(a)(1) nonexempt charitable trust treat	ed as a private foundation			
		501(c)(3)	taxable private foundation				
Note: O	nly a section 501(c)(7		General Rule or a Special Rule. panization can check boxes for both	th the General Rule and a Special Rule	e. See instructions.		
General	Rule						
	-	_		during the year, contributions totaling actions for determining a contributor's			
Special	Rules						
X	sections 509(a)(1) a	nd 170(b)(1)(A)(v during the yea	i), that checked Schedule A (Form r, total contributions of the greater	90-EZ that met the 33 1/3% support to 990 or 990-EZ), Part II, line 13, 16a, c of (1) \$5,000; or (2) 2% of the amour	or 16b, and that received from		
	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 \bigsim \frac{1}{2} \f						
but it m	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Name of organization	Employer identification number
HOLCOMB ASSOCIATES, INC.	23-2093566

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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, und Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	nume, audiess, and EIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hamo, audioss, and EIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HOLCOMB ASSOCIATES, INC.

23-2093566

Partii	(see instructions). Use duplicate copies of Part i	ii it 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 or	rganization				Employer identification number		
HOLCOMB	ASSOCIATES, INC.				23-2093566		
Part III) through (e) and the following that the following that the following	na line entry. For a	organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held		
		(e) Transf	er of gift				
-	Transferee's name, address, ar			elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held		
-	·	(e) Transf	er of gift				
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held		
-		(e) Transf	er of gift				
-	Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ 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.

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

	(see separate instructions), then	iona: Campleta Bart III			
	Section 501(c)(4), (5), or (6) organizat	ions. Complete Part III.		Emr	loyer identification number
	· ·	SOCIATES, INC.			23-2093566
Pa		anization is exempt unde	er section 501(c) o	or is a section 527 or	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1 2 3 4a b Pa 1 2 3 4	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the org Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were pro-	incurred by the organization und incurred by organization manage in 4955 tax, did it file Form 4720 from 4	er section 4955 ers under section 4955 for this year? er section 501(c), etion 527 exempt functioner organizations for section 507 or section 507 political organizations organizations separate political organizations organizations for section 527 political organizations organizatio	except section 501(alon activities ction 527	\$ Yes No C)(3). \$ Yes No h the filing organization he amount of political
	political action committee (PAC). If (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

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the org			n 501(c)(3) and file		ection under
section 501(h)).		•	. , , ,	•	
A Check ▶ ☐ if the filing organiza	ation belongs to an affi	liated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,
	re of excess lobbying of	• •			
B Check ► if the filing organiza	ation checked box A ar	nd "limited control" pr	ovisions apply.		1
	its on Lobbying Expe ditures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	uence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add l	ines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c and 1d)			
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a)	1	bying nontaxable an	11		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze					•
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	1	No		ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
	Media advertisements?			Х		
	Mailings to members, legislators, or the public?			Х		
	Publications, or published or broadcast statements?			Х		
	Grants to other organizations for lobbying purposes?			Х		
q	Direct contact with legislators, their staffs, government officials, or a legislative body?			Х		
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			Х		
i	Other activities?	Х				67,050.
i	Total. Add lines 1c through 1i					67,050.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Х		•
	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), o	r sec	tion	
	501(c)(6).					
					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	e prior year'	?	3		
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."			Part 1	III-A, line	e 3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			-		
2	expenses for which the section 527(f) tax was paid).	aı				
•				2a		
				2b		
C	Carryover from last year			2c		
2				3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the					
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	and the second s	JiitiCai		4		
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			5		
Par	7 0 1 1 7					
	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	list\· Part II.	Δ lin	AS 1 a	nd 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	iist, i ait ii i	Α, ΙΙΙΙ	CS I a	10 2 (300	
	II-B, LINE 1, LOBBYING ACTIVITIES:					
PART	II-B, LINE 1(B) PAID STAFF OR MANAGEMENT:					
MANA	GEMENT IS INVOLVED IN LOBBYING ACTIVITIES TO THE EXTENT OF					
CONT	RACTING GRANT WITH OTHER ORGANIZATIONS ON LINE 1(F).					

PART II-B, LINE 1(I), OTHER ACTIVITIES:

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HOLCOMB ASSOCIATES, INC.

Employer identification number

	HOLCOMB ASSOCIATES, INC.		23-2093566
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_	Annual description in the second in the seco		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	re estiate the requirements of costion 170/h)	(4)(D)(;)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	mon s intariolal statements that describes th	c organization s accounting for
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtherance	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(m) 4		•
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part X		▶ \$

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

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histoi	rical Tre	asures, o	r Other	Similar As	ssets _{(con:}	inued)	
3	Using	the organization's acquisition, accession	on, and other record	s, check a	iny of the f	ollowing that	are a sig	nificant use o	f its collection	n items	3
	(checl	k all that apply):									
а		Public exhibition	d	I 🔲 Lo	oan or exc	hange progra	ams				
b		Scholarly research	е	· 🗌 o	ther						
С		Preservation for future generations									
4	Provid	de a description of the organization's co	ollections and explain	n how they	y further th	ne organizatio	n's exem	pt purpose in	Part XIII.		
5	During	g the year, did the organization solicit o	r receive donations o	of art, histo	orical treas	sures, or othe	er similar a	assets			
		sold to raise funds rather than to be ma							Yes		No
Par	t IV	Escrow and Custodial Arrang		ete if the c	organizatio	n answered '	'Yes" on	Form 990, Pa	rt IV, line 9, o	r	
		reported an amount on Form 990, Par	t X, line 21.								
1a		organization an agent, trustee, custodi								_	_
		rm 990, Part X?							X Yes		_ No
b	If "Yes	s," explain the arrangement in Part XIII	and complete the fol	lowing tab	ole:						
									Amou		
С	-	ning balance									535.
d		ons during the year									182.
е		outions during the year									439.
f		g balance									278.
		e organization include an amount on Fo		•				:y?	L Yes	X	No
Par		s," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on I	Part XIII				
Pai	ιv	Endowment Funds. Complete i									
			(a) Current year	(b) Pri	or year	(c) Two year	rs back ((d) Three years	back (e) Fo	ur years	back
		ning of year balance									
b		ibutions									
С		vestment earnings, gains, and losses									
d		s or scholarships									
е		expenditures for facilities									
	-	rograms									
f		nistrative expenses									
g		f year balance de the estimated percentage of the curr	ent year and balance	l (lipo 1 a	oolumn (a)) hold as:					
2		·	•	%	Columni (a)	i) Heiu as.					
a b		I designated or quasi-endowment anent endowment	%	⁷⁰							
		orarily restricted endowment									
·		ercentages on lines 2a, 2b, and 2c sho	_								
За	•	ere endowment funds not in the posse	•	tion that a	are held ar	nd administer	ed for the	organization	ı		
ou	hv.	iore chaewment rands not in the people	oolon of the organize	ttiori triat t	are meia ar	ia aarriiriistor	ou for the	organization	'	Yes	No
	(i) ur	nrelated organizations							3a(i		
b		s" on line 3a(ii), are the related organiza									
4		ibe in Part XIII the intended uses of the									
Par		Land, Buildings, and Equipm									
		Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X, I	ine 10.			
		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	(d) Bo	ok valu	ie
			basis (investr			(other)	dep	reciation			
1a	Land					930,770.				930,	770.
		ngs			5	,878,575.		2,209,058	. :	,669	517.
		hold improvements				295,622.		198,978		96,	644.
		ment			2	,274,656.		1,723,274		551,	382.
					1	,104,045.		943,948		160,	097.
		ines 1a through 1e. (Column (d) must e		X, column	(B). line 1	0c.)		.	į	,408,	410.

Schedule D (Form 990) 2018 HOLCOMB ASSOCIAT	ES, INC.		23-2093566 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11b. See Form 990, Part X, li	ine 12.
(a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
• •			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11c. See Form 990. Part X. li	ine 13.
(a) Description of investment	(b) Book value		: Cost or end-of-year market value
(1)	()		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11d. See Form 990. Part X. li	ine 15.
	Description	,,	(b) Book value
(1) DUE FROM RELATED ENTITY	•		68,988,357.
(2)			, ,
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		68,988,357.
Part X Other Liabilities.	•		
Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11e or 11f. See Form 990. Pa	art X. line 25.
1. (a) Description of liability	, ,	(b) Book value	,
(1) Federal income taxes			
		73,845,510.	
		73,043,310.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.)	73,845,510.	
 Liability for uncertain tax positions. In Part XIII, provide 	,		statements that reports the
organization's liability for uncertain tax positions unde		~	
g			

Schedule D (Form 990) 2018

23-2093566

Pa	Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements			1	204,037,274.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				201,007,271
a		2a			
b	5			-	
c				-	
d			170,971,156.	_	
e				2e	170,971,156.
3	Subtract line 2e from line 1			3	33,066,118.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a			
b	0.1 (5 1 5 1.1.)				
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	33,066,118.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	210,469,939.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	,		176,822,370.		
е				2e	176,822,370.
3	Subtract line 2e from line 1			3	33,647,569.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,			_	
b	,	4b			•
C				4c	0.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.)		5	33,647,569.
lines	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any IIV, LINE 1B:			, Fait A,	IIII E Z, FAIT AI,
THE	ORGANIZATION ACTS AS AN AGENT ON BEHALF OF INDIVIDUALS SER	VED			
REGA	ARDING THE HOLDING OF CLIENT CASH FUNDS.				
PART	ГХ, LINE 2:				
THE	ORGANIZATION'S ENTITIES ARE EXEMPT FROM FEDERAL AND STATE	INCOME TAXES	1		
UNDI	ER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE N	ОТ			
CONS	SIDERED PRIVATE FOUNDATIONS. NONE OF THE ORGANIZATION'S ACT	IVITIES,			
WITH	H THE EXCEPTION OF INTERNATIONAL, ARE SUBJECT TO THE TAX ON	UNRELATED			
BUSI	INESS INCOME.				

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Pub

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

HOLCOMB ASSOCIATES, INC.

Employer identification number 23-2093566

Questions Regarding Compensation Yes No 1a 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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Х 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2018

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) THOMAS PALERMO	(i)	0.	0.	0.	0.	0.	0.	0.
ASST SECRETARY	(ii)	180,496.	0.	0.	4,578.	13,940.	199,014.	0,
(2) TERENCE G. BLACKWELL, JR.	(i)	0.	0.	0.	0.	0.	0,	0,
PRESIDENT/CEO	(ii)	381,664.	20.	0.	9,952.	19,956.	411,592.	0.
(3) STEPHEN DARE	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	220,499.	0.	0.	6,231.	3,366.	230,096.	0.
(4) ROGER OSMUN	(i)	88,687.	0.	131,258.	1,452.	0.	221,397.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TENESA RIVERA JEFFRESS	(i)	248,378.	0.	0.	5,090.	0.	253,468.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) APRIL S. LADAVAC	(i)	225,352.	0.	0.	576.	19,956.	245,884.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

∣ Part III	Supplemental	Information

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

PART I, LINE 4A:

DURING THE YEAR THERE WAS A SEVERANCE PAYMENT MADE TO THE CHIEF OPERATING

OFFICER. ALL AMOUNTS ARE PROPERLY REPORTED ON FORM W-2 AND IN FORM 990.

PART VII AND ON FORM 990. SCHEDULE J. PART II. DUE TO THE CONFIDENTIAL

NATURE OF THE TERMS OF THE SEVERANCE AGREEMENT. THE DETAILS WILL BE

PROVIDED TO THE IRS UPON REQUEST.

PART II:

THE COMPANY PROVIDES BASIC LIFE INSURANCE EQUAL TO THE AMOUNT OF THE

EMPLOYEES SALARY UP TO \$200 000. THE EMPLOYEES ARE TAXED ON THE COST

OF THE INSURANCE IN EXCESS OF \$50,000. NONTAXABLE PAYMENTS ARE RECORDED

IN COLUMN D. ANY POTENTIAL TAXABLE PAYMENTS ARE REPORTED IN COLUMN B.

THE COMPANY'S CONTRIBUTION TOWARDS THE EMPLOYEE'S COMPANY-PROVIDED

HEALTH INSURANCE IS REPORTED IN COLUMN D.

THE COMPANY'S CONTRIBUTIONS TO AN INDIVIDUAL'S 403(B) RETIREMENT PLAN

ACCOUNT ARE REPORTED IN COLUMN C.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HOLCOMB ASSOCIATES, INC. 23-2093566 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MANAGE, AND OVERCOME PROBLEMS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ABUSE, DUALLY DIAGNOSED AND /OR DEVELOPMENTALLY DISABLED CLIENTS PSYCHOSOCIAL AND PSYCHIATRIC REHABILITATION - THESE SERVICES ARE INCLUSIVE OF ALL PROGRAMS THAT PROVIDE NON-TREATMENT SUPPORTIVESERVICES TO MENTAL HEALTH SUBSTANCE ABUSE, DUALLY DIAGNOSED AND /OR DEVELOPMENTALLY DISABLED CLIENTS. PREVENTION AND EDUCATION SERVICES - THESE SERVICES ARE INCLUSIVE OF ALL PROGRAMS THAT PROVIDE PRIMARY INTERVENTIONS TO THE GENERAL PUBLIC OR SECONDARY INTERVENTIONS TO INDIVIDUALS IDENTIFIED AS BEING AT RISK. CASE MANAGEMENT AND INTAKE SERVICES - THESE SERVICES ARE INCLUSIVE OF ALL PROGRAMS THAT PROVIDE LINKAGE SERVICES. INSTRUMENTAL SUPPORTS AND FACILITATING RECEIPT OF ADDITIONAL SERVICES FOR CLIENTS IN THE MENTAL HEALTH, SUBSTANCE ABUSE AND DEVELOPMENTALLY DISABLED CLIENTS. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE REVIEWS FORM 990 PRIOR TO THE FILING DEADLINE. THE REMAINING BOARD MEMBERS ARE SUBSEQUENTLY PROVIDED A COPY. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS. OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. AT EACH MEETING OF THE BOARD A

Name of the organization HOLCOMB ASSOCIATES, INC.	Employer identification number 23-2093566
SCHEDULE OF CONFLICTS OF INTEREST, IF ANY ARE PROVIDED TO MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE INDEPENDENT COMPENSATION COMMITTEE OF THE CHIMES INTERNATIONAL BOARD OF	
DIRECTORS FOLLOWS THE PROCESS DESCRIBED IN THE IRS INTERMEDIATE SANCTIONS	
RULES WHEN DETERMINING THE COMPENSATION OF THE INDIVIDUALS ON PART VI,	
LINES 15A AND 15B. MEMBERS OF THE INDEPENDENT COMPENSATION COMMITTEE OF THE	
CHIMES INTERNATIONAL BOARD OF DIRECTORS SIT ON VARIOUS BOARDS OF RELATED	
CHIMES FAMILY OF SERVICES ENTITIES. THIS COMMITTEE SERVES AS THE	
INDEPENDENT COMPENSATION COMMITTEE FOR ALL BOARDS OF RELATED ORGANIZATIONS.	
SPECIFICALLY, THE COMMITTEE:	
(1) IS COMPOSED ENTIRELY OF NON-EMPLOYEE VOLUNTEER DIRECTORS WHO HAVE NO	
FAMILIAL, BUSINESS OR SIGNIFICANT PERSONAL RELATIONSHIPS WITH CHIMES	
INTERNATIONAL, ITS RELATED COMPANIES OR ITS EXECUTIVES.	
(2) ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO COMPILE	
APPROPRIATE COMPARABILITY DATA (INCLUDING COMPENSATION MARKET INFORMATION	
FOR PEERS WITH WHOM CHIMES FAMILY OF SERVICES COMPETES FOR EXECUTIVE	
TALENT) FOR COMMITTEE RELIANCE. THE COMMITTEE WILL MEET WITH	
REPRESENTATIVES OF THE CONSULTING FIRM OR COUNSEL TO REVIEW THIS DATA IN	
DETAIL.	
(3) REVIEWS ALL ELEMENTS OF EXECUTIVES' TOTAL COMPENSATION, INCLUDING BUT	
NOT LIMITED TO BASE SALARY, BONUSES, PERQUISITES, FRINGE BENEFITS, AND	
INCENTIVE AND DEFERRED COMPENSATION ARRANGEMENTS. UPON THE EXECUTIVE'S	
HIRE, AND AT EACH POINT IN TIME THEREAFTER AT WHICH A NEW OR REVISED	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization HOLCOMB ASSOCIATES, INC.	Employer identification number 23-2093566
COMPENSATION ARRANGEMENT IS UNDER CONSIDERATION WITH RESPECT TO THE	
EXECUTIVE, THE COMMITTEE MEETS WITH COUNSEL AND/OR WITH ITS INDEPENDENT	
COMPENSATION CONSULTING FIRM BEFORE THE ARRANGEMENT IS IMPLEMENTED TO	
EVALUATE THE REASONABLENESS OF THE ARRANGEMENT BY COMPARING BOTH THE	
ARRANGEMENT ITSELF AND THE EXECUTIVE'S ENTIRE COMPENSATION PACKAGE TO	
COMPENSATION PACKAGES PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR	
FUNCTIONALLY COMPARABLE POSITIONS.	
(4) DOCUMENTS, CONCURRENTLY WITH ITS DETERMINATION, THE BASIS FOR ITS	
DETERMINATION IN THE MINUTES OF ITS MEETING. THESE MINUTES ARE REVIEWED,	
REVISED IF NECESSARY AND APPROVED AT THE FOLLOWING MEETING OF THE	
COMMITTEE.	
(5) RETAINS RECORDS CONCERNING THE COMMITTEE'S COMPLIANCE WITH THE IRS	
INTERMEDIATE SANCTIONS RULES.	
II. ON A PERIODIC BASIS, THE COMMITTEE USES THE PROCESS DESCRIBED ABOVE TO	
EVALUATE THE POSITIONS OF COO/EVP OPERATIONS, CFO/EVP FINANCE	
ANDCEO/PRESIDENT. IN ADDITION, PERIODIC COMPENSATION STUDIES ARE OBTAINED	
FOR PURPOSES OF ESTABLISHING BASELINE COMPENSATION INFORMATION FOR THE	
COMMITTEE. CURRENTLY, THE COMMITTEE IS USING COMPENSATION STUDIES OBTAINED	
IN THE FOLLOWING TAX YEARS FOR THEIR RESPECTIVE POSITIONS:	
POSITION & YEAR	
COO/EVP OPERATIONS - 2019	
CFO/EVP FINANCE - 2019	
CEO/PRESIDENT - 2019	
COO'S RELATED ORGANIZATIONS - 2019	

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 **2018**

Open to Public Inspection

Employer identification number

23-2093566

	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		1	r assets Direct	controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	I 0, Part IV, line 34, I	because it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CHESTER COUNTY COUNCIL ON ADDICTIVE	TO ADDRESS THE USE AND						
DISEASES, INC 23-6461750, 467 CREAMERY	ABUSE OF DRUGS & ALCOHOL				HOLCOMB		
WAY, EXTON, PA 19341	AND FOCUSES ON MENTAL	PENNSYLVANIA	501(C)(3)	LINE 10	ASSOCIATES INC.	х	

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

CHIMES DISTRICT OF COLUMBIA INC - 54-1691953

CHIMES INTERNATIONAL LTD - 52-2000359

CHIMES METRO INC. - 52-1773885

HOLCOMB ASSOCIATES INC.

Schedule R (Form 990) 2018

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LINE 12B, II THE CHIMES INC.

N/A

CHIMES

INTERNATIONAL LTD

LINE 12C,

III-FI

LINE 10

4815 SETON DRIVE

4815 SETON DRIVE

4815 SETON DRIVE

BALTIMORE, MD 21215

BALTIMORE, MD 21215

BALTIMORE MD 21215

DELAWARE

MARYLAND

DISTRICT OF COLUMBIA 501(C)(3)

501(C)(3)

501(C)(3)

SUPPORTING SERVICE

SUPPORTING SERVICE

WITH BARRIERS TO

INDEPENDENT LIVING.

SERVICES FOR INDIVIDUALS

ORGANIZATION

ORGANIZATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CHIMES PA, INC 23-3007932	SERVICES FOR INDIVIDUALS						
467 CREAMERY WAY	WITH BARRIERS TO				HOLCOMB		
EXTON, PA 19341	INDEPENDENT LIVING.	PENNSYLVANIA	501(C)(3)	PF	ASSOCIATES INC.	Х	
CHIMES VIRGINIA, INC 54-1691952	SERVICES FOR INDIVIDUALS						
4815 SETON DRIVE	WITH BARRIERS TO				CHIMES		
BALTIMORE, MD 21215	INDEPENDENT LIVING.	VIRGINIA	501(C)(3)	LINE 10	INTERNATIONAL LTD		Х
OPEN DOOR INC 51-0217653	PROVIDES SERVICES FOR						
467 CREAMERY WAY	INDIVIDUALS WITH MENTAL				HOLCOMB		
EXTON, PA 19341	HEALTH AND SUBSTANCE	DELAWARE	501(C)(3)	LINE 7	ASSOCIATES INC.	х	
THE CHIMES INC 52-0575305	SERVICES FOR INDIVIDUALS						
4815 SETON DRIVE	WITH BARRIERS TO				CHIMES		
BALTIMORE, MD 21215	INDEPENDENT LIVING.	MARYLAND	501(C)(3)	LINE 10	INTERNATIONAL LTD		х
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David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, because it r	nad one or more related
Part III	organizations treated as a partnership during the tax year.		•	, ,	

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i conti ent	tion b)(13) rolled tity?		
		country)		,				Yes	No		
	-										
-											
									 		

	Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	<u> </u>
0	Sharing of paid employees with related organization(s)	10	Х	<u> </u>
р	Reimbursement paid to related organization(s) for expenses	1 p	Х	<u> </u>
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPEN DOOR, INC.	S	455,681.	CASH
(2)			
(3)			
<u>(4)</u>			
<u>(</u> 5)			
<u>(6)</u>			

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R	(Form 990) 2018	HOLCOMB ASSOCIATES,	INC.	23-2093566	Page 5
Part VII	(Form 990) 2018 Supplemental Info	rmation.			
			ons on Schedule R. See instructions.		

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDING & IMPROVEMENTS	VARIOUS	150DB	15.00	ну1	17 !	5,878,575.				5,878,575.1	,891,600.		317,458.	2,209,058.
	* 990 PAGE 10 TOTAL BUILDING	S				9	5,878,575.				5,878,575.1	,891,600.		317,458.	2,209,058.
	MACHINERY & EQUIPMENT														
5	FURNISHINGS & EQUIPMENT	VARIOUS	200DB	5.00	ну1	17:	2,274,656.				2,274,656.1	,600,437.		122,837.	L,723,274.
	* 990 PAGE 10 TOTAL MACHINER	Y & EQUIF	MENT			1	2,274,656.				2,274,656.1	,600,437.		122,837.	L,723,274.
	OTHER														
1	LAND	VARIOUS	L				930,770.				930,770.			0.	
3	AUTOMOBILES	VARIOUS	200DB	5.00	HY1	17:	.,104,045.				1,104,045.	884,327.		59,621.	943,948.
4	LEASEHOLD IMPROVEMENTS	VARIOUS	150DB	15.00	ну1	17	295,622.				295,622.	183,014.		15,964.	198,978.
	* 990 PAGE 10 TOTAL OTHER					1	2,330,437.				2,330,437.1	,067,341.		75,585.	L,142,926.
	* GRAND TOTAL 990 PAGE 10 DE	PR				10),483,668.			1	0,483,668.4	,559,378.		515,880.	5,075,258.

828111 04-01-18

⁽D) - Asset disposed * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must us	e Form 7004 to request an extension of time to file incom	e tax retur	ns.						
		Enter filer's identifying number							
Type or	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) or						
print									
File by the	HOLCOMB ASSOCIATES, INC.	23-2093566							
due date for filing your return. See instructions.	467 CREAMERY WAY	Social security number (SSN)							
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EXTON, PA 19341								
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applica	tion	Return	Application			Return			
Is For			Is For		Code				
Form 990 or Form 990-EZ			Form 990-T (corporation)		07				
Form 990-BL			Form 1041-A		08				
Form 4720 (individual)			Form 4720 (other than individual)	09					
Form 990-PF			Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11					
Form 99	0-T (trust other than above)	06	Form 8870		12				
Telep If the	oooks are in the care of obone No. (610) 363-1488 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	s in the Uni Group Exe	Fax No. ▶ited States, check this box	If this is fo	r the whole group				
th	equest an automatic 6-month extension of time untile organization named above. The extension is for the organization named above. The extension is for the organization gradual calendar year or or tax year beginning	anization's	return for: d endingJUN 30 , 2019	e the exem	npt organization r	eturn for			
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	\$	0.						
	this application is for Forms 990-PF, 990-T, 4720, or 6069	3a_							
	stimated tax payments made. Include any prior year overp	3b	\$	0.					
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by			-			
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
Caution	: If you are going to make an electronic funds withdrawal	(direct det	oit) with this Form 8868, see Form 8	453-EO an	id Form 8879-EO	for payment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

instructions.