Form JJU
(Rev. January 2020)
Department of the Treasury Internal Bevenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Α	For th	e 2019 calendar year, or tax year beginning JUL 1, 2019 and e	ending Ju	JN 30, 2020						
В	Check if applicab	e: C Name of organization		D Employer identi	fication number					
	Addre chang									
	Name		23-209356	6						
	Initial returr	No. 1 (a) D.O. have 'f and it's and delivery data structure delivery.	E Telephone numb	er						
	Final returr termi	467 CREAMERY WAY		(610) 363-1	.488					
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	32,182,644.					
	Amer	EATON, FA 19341		H(a) Is this a group						
	Appli tion pend	F Name and address of principal officer: TERENCE G. BLACKWELL, UK.		for subordinate	es? Yes X No					
		SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No					
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) of	r 527	· · ·	a list. (see instructions)					
		te: WWW.CHIMES.ORG; WWW.HOLCOMB-BHS.ORG		H(c) Group exempt						
	Form o art I	f organization: X Corporation Trust Association Other ►	L Year	of formation: 1979	M State of legal domicile: PA					
F				DROMOME MUE						
ą	1	Briefly describe the organization's mission or most significant activities: <u>TO SUPP</u> OVERALL HEALTH AND WELL-BEING OF PEOPLE BY HELPING THEM UNDER		PROMOTE THE						
Activities & Governance			,	there OFO(of its not a						
/ern	2	Check this box if the organization discontinued its operations or dispose		1	-					
ć	3	Number of voting members of the governing body (Part VI, line 1a)			-					
å	5 5									
ie o	5	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6								
ţ		Total unrelated business revenue from Part VIII, column (C), line 12			-					
Ā	j /a	Net unrelated business taxable income from Form 990-T, line 39								
				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		106,575						
	9	Program service revenue (Part VIII, line 2g)		32,959,528	,					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15						
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,066,118	. 32,136,398.					
	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	. 0.					
U	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		23,573,050	. 23,250,310.					
Fynenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.					
ā	b	Total fundraising expenses (Part IX, column (D), line 25)	0.							
ú	ì 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,074,519	. 9,786,358.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,647,569	. 33,036,668.					
	19	Revenue less expenses. Subtract line 18 from line 12		-581,451	900,270.					
or	Ces			ginning of Current Year	End of Year					
Net Assets	20	Total assets (Part X, line 16)		79,318,222	. 87,519,379.					
tAs	g 21	Total liabilities (Part X, line 26)		76,175,730	, ,					
Se	22	Net assets or fund balances. Subtract line 21 from line 20		3,142,492	. 2,685,511.					
Ρ	art II	Signature Block								

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

Sign	Signature of officer				Date						
Here	TERENCE G. BLACKWELL, JR., PRESID										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	K. R.	Date	Che	eck	PTIN				
Paid	KRISTEN BARNETT		Kristen Barnett	04/15/21	L self	f-employed	P01234578				
Preparer	Firm's name 🕒 RSM US LLP				Firm's Ell	N▶ 42	2-0714325				
Use Only	Firm's address 🕨 1861 INTERNATIONAL DRIVE	E, SUITE 400									
	MCLEAN, VA 22102 Phone no.703-336										
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)					X Yes	No			
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	ce, see the separate	instructions.				Form 990	(2019)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2019) HOLCOMB ASSOCIATES, INC.	23-2093566 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	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.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o revenue, if any, for each program service reported.	others, the total expenses, and
4a		Revenue \$ 31,742,590.)
чa	HOLCOMB ASSOCIATES, INC. (THE ORGANIZATION), OPERATING AS HOLCOMB	Revenue \$)
	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 \$) (I	Revenue \$
10		J
4c	(Code:) (Expenses \$ including grants of \$) (i	Povoruo ^e
40	(code) (expenses a) (including grants of a) (including grants of a)))
4d		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 27,536,461.	
		Form 990 (2019)

Form 990 (2019) 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	Х	
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			
	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	Х	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	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	1		
	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

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HOLCOMB ASSOCIATES, INC.

Pa	rt IV	Checklist of Required Schedules (continued)			
				Yes	No
22	Did t	the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23		the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
		former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		edule J	23	х	
24a		the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214		day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		edule K. If "No." go to line 25a	24a		x
Ь		the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
			240		
C		the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
		tax-exempt bonds?	24c 24d		
		the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a		tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
		saction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b		e 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			
		edule L, Part I	25b		х
26	Did t	the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or fo	rmer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	cont	rolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did t	the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creat	tor or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entit	y (including an employee thereof) 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			
	instr	uctions, for applicable filing thresholds, conditions, and exceptions):			
а	A cu	rrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes	," complete Schedule L, Part IV	28a		х
b		mily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
		% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
		," complete Schedule L, Part IV	28c		х
29		the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30		the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00			30		x
31		ributions? If "Yes," complete Schedule M	31		x
		the organization required the N, Part 1	31		
32			20		x
22		edule N, Part II	32		
33		the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
• •		ions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34		the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	•	v	
		V, line 1	34	X	
		the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b		es" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
		in the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Sect	tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
		es," complete Schedule R, Part V, line 2	36		Х
37	Did t	the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and	that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did t	the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_		e: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
				Yes	No
1a	Ente	r the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 50			
b		r the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b0			
c		the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5		ibling) winnings to prize winners?	1c	х	

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Form	990 (2019) HOLCOMB ASSOCIATES, INC. 23-209356	6	Р	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 935										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
b	If "Yes," enter the name of the foreign country 🕨										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
	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 10b	-									
11	Section 501(c)(12) organizations. Enter:										
	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.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40 -									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
-	organization is licensed to issue qualified health plans 13b										
	Enter the amount of reserves on hand			v							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x							
	excess parachute payment(s) during the year?	15		^							
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		v							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										

Form **990** (2019)

Form	990 (2019) HOLCOMB ASSOCIATES, INC. 23-209	3566	Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	r a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. 7 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8 a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	x	
10	in Schedule O how this was done Did the organization have a written whistleblower policy?		x	
13 14			x	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	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		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)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	.,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEPHEN DARE - (610) 363-1488			
	4815 SETON DRIVE, BALTIMORE, MD 21215			

Form 990 (23-2093566	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest 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 Employee	S	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar yea	ar ending with or within the organization's t	tax year.
.	. It is the second state of the second state of the state		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			C)	·		(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week	<u> </u>				Jirus		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	er	Key employee	Highest compensated employee	ler l			organizations
	line)	Indiv	Instit	Officer	Key (High	Former			
(1) GEORGE CARLINO	2.00									
CHAIRPERSON	1.00	x		х				0.	0.	Ο.
(2) KAREN HOLCOMB	1.00									
SECRETARY		x		x				0.	57,824.	449.
(3) THOMAS PALERMO	1.00									
ASST SECRETARY (UNTIL 1/17/2020)	46.00	x		x				0.	178,650.	16,317.
(4) PETE DAKUNCHAK	1.00									
BOARD MEMBER		x						0.	0.	0.
(5) GEORGE HUMMEL	1.00									
BOARD MEMBER		x						0.	0.	0.
(6) JOSEPH J. JEROME	1.00									
BOARD MEMBER		x						0.	0.	0.
(7) GEORGE ZUMBANO, ESQ	2.00									
BOARD MEMBER	2.00	x						0.	٥.	0.
(8) TERENCE G. BLACKWELL, JR.	3.00									
PRESIDENT/CEO	55.00	x		x				0.	405,064.	20,494.
(9) STEVE DARE	3.00									
CFO/TREASURER	55.00	х		х				0.	330,427.	16,051.
(10) NICOLE BROWN	40.00									
CHIEF OPERATING OFFICER	1.00			х				145,284.	0.	2,600.
(11) TENESA RIVERA JEFFRESS	40.00									
PSYCHIATRIST						Х		258,632.	0.	7,934.
(12) APRIL S. LADAVAC	40.00									
PSYCHIATRIST						Х		231,599.	0.	17,153.
(13) SCOTT BERMAN	40.00									
PSYCHIATRIST						Х		201,825.	0.	6,010.
(14) NATALIE S. BILYNSKY	40.00									
REGIONAL PROGRAM DIRECTOR						Х		130,401.	0.	9,462.

	990 (2019) HOLCOMB ASSOC	IATES, INC	•							23-20	9356	6	Pa	age 8				
Pa	t VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)								
	(A) Name and title	Average hours per week (list any hours for related					Average hours per week Position (do not check more than o box, unless person is both officer and a director/trust (list any 5				than d is both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	6	Estir amo ot compe	unt ther ensa m the nizat relat	of tion e ion ed
			=	-	G	- X	ΞÐ	ß										
						-												
			-															
			-															
			-															
-16	Subtotal								967,741.	971,9	65		96	470.				
	Subtotal Total from continuation sheets to Part VII								0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.		<i></i> ,	<u>470.</u> 0.				
	Total (add lines 1b and 1c)								967,741.	971,9			96,	470.				
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				5				
												Y	′es	No				
3	Did the organization list any former officer,	-		•	•	-						3		х				
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3						
_	and related organizations greater than \$150											4	х					
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>											5		х				
Sec	tion B. Independent Contractors			5/ 30		00/3												
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								ensat	ion from	ו					
	(A)	ne calendar ye		nun	iy w				(B)			(C)						
BDO	Name and business	address							Description of s	ervices	С	ompens	atio	n				
	30X 642743, PITTSBURGH, PA 15264								STAFFING SERVICES			3	00,	491.				
	E RESOURCES									_								
	BROOKHOLLOW DR, DOWNINGTOWN, PA 1 TINE, SCHILLER & GARDYN, 10045 REE								RECRUITING SERVICE	S		1	51,	836.				
) # 250, OWINGS MILLS, MD 21117								ACCOUNTING SERVICE	s		1	07,	670.				
2	Total number of independent contractors (in		ot lin	nitor	1 + 2 -	that		tod	abovo) who received me	oro than								
2	\$100,000 of compensation from the organiz		JUI	met	10		3 3	eu	above, who received me									

		Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a resp	onse	or note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
Ś	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
E		Fundraising events								
ΓA										
nila		Government grants (contr								
5		All other contributions, gifts,								
her	-	similar amounts not included				439,860.				
ŏ	g				\$					
and	•	Total. Add lines 1a-1f			Ŧ		439,860.			
						Business Code				
	2 a	MEDICARE/MEDICAID P	MYA			624100	15,615,672.	15,615,672.		
	b	FEES/CONTRACTS FROM	GO			624100	13,624,888.	13,624,888.		
Revenue	с	CLIENT INCOME				624100	1,666,099.	1,666,099.		
eve	d	PRIVATE FEES				624100	835,931.	835,931.		
ŭ	e									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f				▶	31,742,590.			
	3	Investment income (includ								
		other similar amounts)				▶	194.			1
	4	Income from investment of								
	5	Royalties				►				
				(i) Rea	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)			►				
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b			46,246.				
2	с	Gain or (loss)	7c			-46,246.				
		Net gain or (loss)				►	-46,246.			-46,2
	8 a	Gross income from fundraisi								
5		including \$								
		contributions reported on		-						
		Part IV, line 18								
	b	Less: direct expenses								
		Net income or (loss) from				►				
			na act							
		Gross income from gamin			9a					
	9 a	Part IV, line 19								
	9 a b	Part IV, line 19 Less: direct expenses				· · · · · ·				
	9 a b c	Part IV, line 19 Less: direct expenses Net income or (loss) from	gami	ng activitie		>				
	9 a b c	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I	gami less r	ng activitie eturns	es	▶				
	9 a b c 10 a	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances	gami less r	ng activitie eturns	es 10a					
	9 a b c 10 a b	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold	gami less r	ng activitie eturns	es 10a 10b	▶				
	9 a b c 10 a b	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances	gami less r	ng activitie eturns	es 10a 10b					
	9 a b c 10 a b c	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	gami less r sales	ng activitie eturns s of invento	es 10a 10b pry	▶				
	9 a b c 10 a b c	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	gami less r sales	ng activitie returns	es 10a 10b pry					
	9 a b c 10 a b c 11 a b	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	gami less r sales	ng activitie eturns	es 10a 10b pry					
	9 a b c 10 a b c 11 a b c	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	gami less r sales	ng activitie eturns	es 10a 10b ory					
	9 a b c 10 a b c 11 a b c d	Part IV, line 19 Less: direct expenses Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	gami less r sales	ng activitie eturns	es 10a 10b 0ry	Business Code				

Form 990 (2019) HOLCOMB ASSOCIATES, Part IX Statement of Functional Expenses HOLCOMB ASSOCIATES, INC.

Page 10 23-2093566

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			<u> </u>	
^					
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 -	Benefits paid to or for members				
5	Compensation of current officers, directors,	147 004	119 006	20.070	
_	trustees, and key employees	147,884.	118,906.	28,978.	
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, 100, 505	45 642 500	2 506 045	
7	Other salaries and wages	19,439,605.	15,643,590.	3,796,015.	
8	Pension plan accruals and contributions (include		100 105	50.460	
	section 401(k) and 403(b) employer contributions)	248,603.	190,435.	58,168.	
9	Other employee benefits	1,300,430.	1,088,146.	212,284.	
0	Payroll taxes	2,113,788.	1,806,112.	307,676.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	46,883.	1,801.	45,082.	
С	Accounting	105,097.	17,504.	87,593.	
d	Lobbying	36,000.		36,000.	
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.)	132,080.	55,099.	76,981.	
2	Advertising and promotion	17,745.	16,000.	1,745.	
3	Office expenses	765,513.	532,197.	233,316.	
4	Information technology	252,582.	25,030.	227,552.	
5	Royalties				
6	Occupancy	2,914,855.	1,945,837.	969,018.	
7	Travel	439,988.	346,860.	93,128.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	299,318.	299,318.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	436,344.	185,577.	250,767.	
3	Insurance	174,433.	157,519.	16,914.	
ł	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CENTRAL AGENCY ADMIN EX	1,929,073.	1,618,886.	310,187.	
b	TEMPORARY STAFF	999,611.	865,965.	133,646.	
c	PROGRAM ACTIVITY	227,591.	227,591.	0.	
d	MG ALLOCATION	0.	2,039,011.	-2,039,011.	
e	All other expenses	1,009,245.	355,077.	654,168.	
5	Total functional expenses. Add lines 1 through 24e	33,036,668.	27,536,461.	5,500,207.	(
6	Joint costs. Complete this line only if the organization	. ,			
	reported in column (B) joint costs from a combined				
	advectional comparian and fundraising calicitation				

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990	(2019) HOLCOMB ASSOCIATES, INC.
Part X	Balance Sheet
	Check if Schedule O contains a response or note to any line in this Part X
1	Cash - non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net
4	Accounts receivable, net

		Cash - non-interest-bearing			007,447.	1	5,550,205.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,593,542.	4	2,191,824.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ontributor, or 35%				
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			660,466.	9	401,866.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,121,801.			
	b	Less: accumulated depreciation		4,758,331.	5,408,410.	10c	4,363,470.
	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			68,988,357.	15	77,011,950.
	16	Total assets. Add lines 1 through 15 (must equa		79,318,222.	16	87,519,379.	
	17	Accounts payable and accrued expenses			2,113,016.	17	3,155,534.
	18	Grants payable		, , , -	18		
	19	Deferred revenue		217,204.	19	183,018.	
	20			,	20		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form				21	
LIADIIIUES	22	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
	00					22	
	23	Secured mortgages and notes payable to unrela				23 24	
	24 05	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	73,845,510.	05	81,495,316.		
	-	of Schedule D		76,175,730.	25	84,833,868.	
	26			► ▼	10,113,130.	26	04,035,000.
Ω.		Organizations that follow FASB ASC 958, che	CK nere				
ances		and complete lines 27, 28, 32, and 33.			2 142 402		2,685,511.
	27	Net assets without donor restrictions			3,142,492.	27	2,005,511.
Net Assets of Fund Ba	28	Net assets with donor restrictions			28		
Š		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
5		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current funds				29	
000	30	Paid-in or capital surplus, or land, building, or eq				30	
۲ ۲	31	Retained earnings, endowment, accumulated inc			2 4 4 2 4 2 2	31	
P Z	32	Total net assets or fund balances			3,142,492.	32	2,685,511.
	33	Total liabilities and net assets/fund balances			79,318,222.	33	87,519,379. Form 990 (2019)

23-2093566 Pa

(B) End of year

(A) Beginning of year

667,447.

1

Page **11**

3,550,269.

Form	990 (2019) HOLCOMB ASSOCIATES, INC.	23-2093566		Pad	_{ae} 12
-	t XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,	136,	398.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,	036,	668.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	900,	270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	З,	142,	492.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		443,	289.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,	685,	511.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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 Consolidated basis X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2019)

SCHEDULE A	١
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(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047	
2019	

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nar	ne of t	the organizati								identification number
		Decem		IB ASSOCIATES, I						23-2093566
	art I				All organizations must co			e instruction:	S.	
	organ		-	-	For lines 1 through 12, c	-	-			
1					on of churches described			1)(A)(i).		
2					Attach Schedule E (Forn					
3		•	•		anization described in se					
4			-	ation operated in col	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	-							
5		0	-		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
_				Complete Part II.)						
6				-	nental unit described in					
7	X	-		-	ntial part of its support fi	om a gove	ernmental	unit or from t	ne general p	bublic described in
_		-		omplete Part II.)						
8				.,	(1)(A)(vi). (Complete Par	,				
9		-	-		in section 170(b)(1)(A)(-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:								
10		-		•	e than 33 1/3% of its sup				-	•
					ct to certain exceptions,					-
					(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	πer June 30, 1975.
				mplete Part III.)				O(a)(A)		
11	\square	-	•	-	ively to test for public satisfies the base of the second s	•				
12		-	•	-	ively for the benefit of, to				•	
				-	ed in section 509(a)(1) of					Sheck the box in
		7	-		f supporting organizatior upervised, or controlled		-		-	aivina
é					gularly appoint or elect a	• • • •	-		•••••	
			-	complete Part IV, Se	• • • •	majonty c				ipporting
k		¬ ~		-	or controlled in connect	ion with it	e supporte	ad organizatio	n(s) by bay	ina
				-	anization vested in the sa			-		-
				at complete Part IV,		ane perso	ns that co	Introl of India	ge the supp	Jonted
c		¬ ~	. ,	•	g organization operated	in connect	tion with	and functiona	lly integrate	d with
			-	• • • •	b). You must complete I				ny mograto	a with,
	3 🗌		-		porting organization oper				rted organiz	ration(s)
			-		zation generally must sat				Ŭ,	
			-		nplete Part IV, Sections	•		-		
e	•	- ·			written determination fro				II. Type III	
			•		nally integrated supporti				, .,	
1	f Ente	er the number				0 0				
ç	Prov	vide the follow	ing informatior	n about the supporte						
	(Name of supp 		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
				1	1	1	1	1		1

	column (f)						9,602.
6	Public support. Subtract line 5 from line 4.						760,032.
Se	ction B. Total Support			·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	106,686.	102,843.	13,670.	106,575.	439,860.	769,634.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	21.	13.	28.	15.	194.	271.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						769,905.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	151,060,437.
13	First five years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a sectior	1 501(c)(3)	
_	organization, check this box and stop						
Se	ction C. Computation of Public	c Support Pere	centage				
14	Public support percentage for 2019 (lin	ne 6, column (f) div	vided by line 11, co	lumn (f))		14	98.72 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	99.97 %
16a	33 1/3% support test - 2019. If the o	rganization did not	t check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies a	as a publicly suppo	orted organization				► X
k	33 1/3% support test - 2018. If the o	rganization did not	t check a box on lir	ie 13 or 16a, and l	ine 15 is 33 1/3%	or more, check this	3 box
	and stop here. The organization quality	fies as a publicly s	upported organizat	ion			▶∟
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fact	s-and-circumstanc	es" test, check this	box and stop he	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances" t	est. The organizati	on qualifies as a pu	ublicly supported o	organization		▶∟
k	10% -facts-and-circumstances test	- 2018. If the orga	anization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	e "facts-and-circun	nstances" test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circe	umstances" test. T	he organization qu	alifies as a publicly	y supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a,	16b, 17a, or 17b,			
					Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 HOLCOMB ASSOCIATES, INC. Part II

(a) 2015

106,686.

106,686.

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge

4 Total. Add lines 1 through 3 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,

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.)

(b) 2016

102,843.

102,843.

(c) 2017

13,670.

13,670.

(f) Total

769,634.

769,634.

(e) 2019

439,860.

439,860.

(d) 2018

106,575.

106,575.

Schedule A (Form 990 or 990-EZ) 2019 HOLCOMB ASSOCIATES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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	<u>, , , , , , , , , , , , , , , , , , , </u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified 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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support	r	1	I	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	ı					
14	First five years. If the Form 990 is for	0					
50	check this box and stop here ction C. Computation of Publi						
	•			aluma (f))		15	
	Public support percentage for 2019 (li Public support percentage from 2018					15 16	<u>%</u> %
	ction D. Computation of Inves					10	70
17			•	ne 13. column (f))		17	%
18	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? 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.)

5b 5c 6 7 7 8 9a 9a 9b 9c 10a 10a 10b

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11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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	1		
			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	4		
2	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.			
		2		
Sec	supervised, or controlled the supporting organization. Stion 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			
0	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		Vee	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	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	;) .		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions,		N
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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		
b	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	20		
5	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.			
	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</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

17

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Schedule A (Form 990 or 990-EZ) 2019 HOLCOMB ASSOCIATES, INC.

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

Schedule A (Form 990 or 990-EZ) 2019

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	t V Type III Non-Functionally Integrated 509		nizations (continued)	23-2093566 Page 7
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets		<u>,</u>	
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.	a araanization is roon anaivo		
8	Distributions to attentive supported organizations to which the	le organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<i>(</i>)	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4				
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A Part VI	(Form 990 or 990-EZ) 2019 HOLCOMB ASSOCIATES, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 174 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line	es 1 and 2; Part IV, Section	Page 8 on C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	rt V, Section B, line 1e; F itional information.	Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2019

Employer identification number

2	3	_	2	0	9	3	5	6	6
~	-		~	•	-	-	-	~	~

HOLCOMB	ASSOCIATES	INC
HOLCOILD	mbbootining,	1110

Organization type (check or	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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 certify 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.

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

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HOLCOMB ASSOCIATES, INC.

Employer identification number

23-2093566

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,000.	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
3		\$25,000.	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
		\$	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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number HOLCOMB ASSOCIATES, INC. 23-2093566 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **4**

ame of or	rganization		Employer identification number
DLCOMB	ASSOCIATES, INC.		23-2093566
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	it Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	it Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	it
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

2019 Open to Public Inspection

OMB No. 1545-0047

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of	organization			Emplo	over identification number
		SOCIATES, INC.			23-2093566
Part I	-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 org	janization.
1 Pro	vide a description of the organiz	ation's direct and indirect political			
2 Poli	itical campaign activity expendit	ures		► \$	
3 Volu	unteer hours for political campai	gn activities			
Part I	-B Complete if the org	anization is exempt under	r section 501(c)(3)).	
1 Ent	er the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$	
2 Ent	er the amount of any excise tax	incurred by organization managers	s under section 4955	▶\$	
3 If th	ne organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Wa	s a correction made?				Yes No
b lf "\	Yes," describe in Part IV.				
Part I	-C Complete if the org	anization is exempt under	r section 501(c), e	except section 501(c)	(3).
1 Ent	er the amount directly expended	I by the filing organization for sect	ion 527 exempt functio	n activities >\$	
2 Ent	er the amount of the filing organ	ization's funds contributed to othe	er organizations for sec	tion 527	
exe	mpt function activities		-	▶\$	
3 Tota	al exempt function expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
				▶\$	
	the filing organization file Form				Yes No
5 Ent	er the names, addresses and en	ployer identification number (EIN)			the filing organization
		tion listed, enter the amount paid		v	
con	tributions received that were pro-	omptly and directly delivered to a s	separate political organ	ization, such as a separate	segregated fund or a
poli	itical action committee (PAC). If	additional space is needed, provid	e information in Part IV	<i>'</i> .	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

932041 11-26-19

Part II-A Complete if the organ section 501(h)).	nization is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
	on belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and share	0	• • •			, , , , ,
B Check if the filing organization	on checked box A ar	nd "limited control" pro	ovisions apply.		
	on Lobbying Expendence Sures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line	es 1a and 1b)	· · · ·	[
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lines 1c and 1d)	[
f Lobbying nontaxable amount. Enter	the amount from the	following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500),000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	,000 \$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000,	000.			
 g Grassroots nontaxable amount (ente h Subtract line 1g from line 1a. If zero of i Subtract line 1f from line 1c. If zero of j If there is an amount other than zero reporting section 4911 tax for this yet (Some organizations that) 	or less, enter -0- or less, enter -0- on either line 1h or ear? 4-Year Ave t made a section 5	eraging Period Under	ation file Form 4720 Section 501(h) have to complete all o		Yes No
	-	nditures During 4-Yea			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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) 2019

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	of the lobbying activity.		No	Amo	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		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
с	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g			Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
-	Other activities?	X			36,000.
	Total. Add lines 1c through 1i				36,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	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)(b), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th			tion	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(6) and if either (c) BOTH Part III A lines 1 and 2 are ensured.				2 :0
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."		(D) Part I	n-A, inte	3, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
c					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	Diitical			
-	expenditure next year?	4			
5 Par	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information		5		
		liath Dart II	A lines 1 or	ad 0 (aaa	
	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	iist), Part II-	A, lines i ar	iu z (see	
	Ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
	11 2, 2102 1, DODDING MOLLVIIID,				
PART	II-B, LINE 1(B) PAID STAFF OR MANAGEMENT:				
MANZ	GEMENT IS INVOLVED IN LOBBYING ACTIVITIES TO THE EXTENT OF				

CONTRACTING GRANT WITH OTHER ORGANIZATIONS ON LINE 1(F).

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

Part IV Supplemental Information (continued)
\$36,000 INCLUDES PAYMENTS TO XTRAGLOBEX, INC. FOR LOBBYING PURPOSES.
XTRAGLOBEX, INC.'S LOBBYING EFFORTS ON BEHALF OF HOLCOMB FOCUS ON
IDENTIFYING OPPORTUNITIES FOR PENNSYLVANIA LEGISLATIVE GRANTS RELATED
TO COMMUNITY SERVICES.

SCHE	DU	LE	D
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Department of the Treasury Internal Revenue Service

(Form 9	990)
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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.



Nam	e of the organization HOLCOMB ASSOCIATES, INC.					Employer identification number 23-2093566
Par		Funde or Oth	or Si	imilar Fur	de or Ac	
Fai				inniar i ui		Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor a	dviso	d funde	1	b) Funds and other accounts
4	Total number at and of year		uvisc		· ·	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3 4	Aggregate value of grants from (during year)					
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in w	riting that the asse	ate ha	ld in donor a	dvised fund	
5	are the organization's property, subject to the organization's ex	-				
6	Did the organization inform all grantees, donors, and donor ad					
Ū	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the orga	anization answered	d "Yes	s" on Form 9	90, Part IV,	
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation			Preservatio	on of a histo	prically important land area
	Protection of natural habitat	,				fied historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation co	ontribu	ution in the fo	orm of a cor	nservation 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 struct	cture included in (a	a)			2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and n	ot on	a historic str	ucture	
	listed in the National Register					2d
3	Number of conservation easements modified, transferred, release	ased, extinguished	d, or te	erminated by	the organiz	zation during the tax
	year ►					
4	Number of states where property subject to conservation ease					
5	Does the organization have a written policy regarding the period	odic monitoring, in	spect	ion, handling	of	
	violations, and enforcement of the conservation easements it h					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violatior	ns, an	d enforcing	conservatio	n easements during the year
_						
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, ar	nd ent	forcing cons	ervation eas	sements during the year
•	► \$	action the require	mont	o of contion -		(1)
8	Does each conservation easement reported on line 2(d) above					
٩	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatior		rovon	up and evne	neo statom	
5	balance sheet, and include, if applicable, the text of the footno			-		
	organization's accounting for conservation easements.			iniariolar ola		
Par		Art, Historical	Trea	asures, or	Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9					
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in it	s reve	enue stateme	nt and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, educ	ation,	or research	in furtheran	ice of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements tha	t desc	cribes these	items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its rev	venue	statement a	nd balance	sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education	on, or	research in	furtherance	of public service,
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treas	sures, or other sim	nilar as	ssets for fina	ncial gain, p	
	the following amounts required to be reported under FASB AS	-				
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.				Schedule D (Form 990) 2019

Sche		SOCIATES, INC.				23-209		Pa	ige 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or (Other Si	milar Asset	s _{(contir}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that n	nake signif	icant use of its		,	
	collection items (check all that apply):								
а	Public exhibition	c	l 🗌 Loan or ex	change program	ו				
b	Scholarly research	e	• Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	's exempt	purpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other	similar ass	ets			
	to be sold to raise funds rather than to be many						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Y	es" on For	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other asse	ts not inclu		_		_
	on Form 990, Part X?					X	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		r				
					-		Amoun		
С	Beginning balance					1c		71,2	
d	Additions during the year					1d		173,9	
е	Distributions during the year					1e		176,5	
f	Ending balance					1f	_	68,6	
	Did the organization include an amount on F				-	L	Yes	X	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete						_		
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four	years l)ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
-	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	•		a)) held as:					
a	Board designated or quasi-endowment		%						
D	Permanent endowment								
с		_%							
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	tion that are hold	and administers	d for the or	achization			
Ja		ssion of the organiza	alion that are new a			ganization	[Yes	No
	by: (i) Unrelated organizations						20(1)	162	NO
							3a(i) 3a(ii)		
h	(ii) Related organizations						3b		
1	Describe in Part XIII the intended uses of the						50		
Par	t VI Land, Buildings, and Equipm		whient funds.						
	Complete if the organization answere) Part IV line 11a	See Form 990 F	Part X line	10			
	Description of property	(a) Cost or c	, , , , , , , , , , , , , , , , , , , ,	st or other	(c) Accu		(d) Boo	k value	
	Description of property	basis (investr		s (other)	deprec		(u) Boo	it value	
19	Land		,	680,500.				680,5	500.
b	Buildings			4,207,024.	1	574,887.	2	632,1	
	Leasehold improvements			437,235.	-,	227,384.	-,	209,8	
	Equipment			2,692,997.	1.	953,314.		739,6	
	Other			1,104,045.		002,746.		101,2	
	. Add lines 1a through 1e. (Column (d) must e			, ,		,		363,4	
		iqual I Unit 330, Pall				····· 🔽	- 1	/	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED ENTITY	76,938,501.
(2) RESIDENT FUNDS	73,449.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	77,011,950.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED OTHER RELATED ORGS	81,171,454.

(3) RESIDENT FUNDS PAYABLE	73,449.
(4) DEFERRED RENT	250,413.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25)	81,495,316.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 HOLCOMB ASSOCIATES, INC.		23-209	3566 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			32,136,398.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	32,136,398.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		32,136,398.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	33,036,668.
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			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			33,036,668.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)		33,036,668.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE ORGANIZATION'S ENTITIES ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE NOT

CONSIDERED PRIVATE FOUNDATIONS. NONE OF THE ORGANIZATION'S ACTIVITIES.

WITH THE EXCEPTION OF INTERNATIONAL, ARE SUBJECT TO THE TAX ON UNRELATED

BUSINESS INCOME.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC), ACCOUNTING

FOR INCOME TAXES. THIS TOPIC REQUIRES THE ORGANIZATION TO RECOGNIZE OR

DISCLOSE ANY TAX POSITIONS THAT WOULD RESULT IN UNRECOGNIZED TAX BENEFITS.

THE ORGANIZATION HAS NO POSITIONS THAT WOULD REQUIRE DISCLOSURE OR

 Schedule D (Form 990) 2019
 HOLCOMB ASSOCIA

 Part XIII
 Supplemental Information (continued)

RECOGNITION UNDER THE TOPIC. NONE OF THE ORGANIZATION'S ACTIVITIES ARE

SUBJECT TO THE TAX ON UNRELATED BUSINESS INCOME. GENERALLY, THE

ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S

FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2017.

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Attach to Form 990.		Open to Inspe		
			Employor ic			
man	le of the organization				Jii nu	nbei
Pa	rt I Question			153300		
	duoodion				Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		163	
			000,			
			nal use			
	—					
			ur, chef)			
		· · ·				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	3			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written employment contract				
	X Independent of	ompensation consultant X Compensation survey or study				
	X Form 990 of o	ther organizations II Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а						X
b						X
С	Participate in, or re-	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5			n			
	•			-		v
						X
b				. 5b		X
-						
6			n			
	•	0		0		x
						X
a				6b		
7						
'				7		x
0				7		
o	Department of the Treasury Internal Revenue Service Complete if the organized time organized time or ganized time or ga		8		x	
۵				0		
3				9		
I HA		I, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. rst-class or charter travel Housing allowance or residence for personal avel for companions Housing allowance or residence for personal avel for companions Housing allowance or residence for personal scretionary spending account Health or social club dues or initiation fees iscretionary spending account Health or social club dues or initiation fees iscretionary spending account Health or social club dues or initiation fees iscretionary spending account Personal services (such as maid, chauffeur, of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or resement or provision of all of the expenses described above? If "No," complete Part III to explain organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, s, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? e which, if any, of the following the organization used to establish the compensation of the organization's xecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization is h compensation committee Wither employment contract dependent compensation consultant X Compensation survey or study orm 990 of other organizations X Approval by the board or compensation com the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing ration or a related organization: a severance payment from, a supplemental nonqualified retirement plan? Date in, or receive payment from, an equity-based compensation arrangement? * to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. sons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation panization? * on line 6a or 6b, describe in Part III. sons listed on Form 990, Part VII, Section A, line 1a, did t			n 990) 2019

23-2093566

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) THOMAS PALERMO	(i)	0.	0.	0.	0.	0.	0.	0.
ASST SECRETARY (UNTIL 1/17/2020)	(ii)	178,475.	105.	70.	5,400.	10,917.	194,967.	٥.
(2) TERENCE G. BLACKWELL, JR.	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	397,006.	310.	7,748.	6,058.	14,436.	425,558.	0.
(3) STEVE DARE	(i)	0.	0.	0.	0.	0.	0.	0.
CFO/TREASURER	(ii)	328,998.	110.	1,319.	9,533.	6,518.	346,478.	٥.
(4) TENESA RIVERA JEFFRESS	(i)	258,632.	0.	0.	7,934.	0.	266,566.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) APRIL S. LADAVAC	(i)	231,213.	386.	0.	7,307.	9,846.	248,752.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SCOTT BERMAN	(i)	200,559.	0.	1,266.	6,010.	0.	207,835.	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)							

Schedule J (Form 990) 2019

Page 3

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 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 J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 23-2093566

HOLCOMB ASSOCIATES, INC.

FORM 990, 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:

COPY FROM ANOTHER CHIMES ENTITY. ALL ENTITIES FOLLOW THE SAME PRACTICE.

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

SCHEDULE OF CONFLICTS OF INTEREST. IF ANY ARE PROVIDED TO MEMBERS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O	(Form 990 or 990-EZ) (2019)
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Name of the organization

HOLCOMB ASSOCIATES, INC.

Page 2 Employer identification number 23-2093566

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

COMPENSATION ARRANGEMENT IS UNDER CONSIDERATION WITH RESPECT TO THE

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization HOLCOMB ASSOCIATES, INC.	Employer identification number 23-2093566
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 O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization HOLCOMB ASSOCIATES, INC.	Employer identification number 23-2093566
THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF	
DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE MADE AVAILABLE TO ANY MEMBER OF THE PUBLIC UPON REQUEST	
FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF NET ASSETS FROM CHESTER COUNTY COUNCIL ON	
ADDICTIVE DISEASES 443,289.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	

(Form	990)
(,

Part I

SCHEDULE R

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.

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

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

23-2093566

Name of the organization

Department of the Treasury Internal Revenue Service

HOLCOMB ASSOCIATES, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 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	
CHIMES DISTRICT OF COLUMBIA INC - 54-1691953							
4815 SETON DRIVE	SUPPORTING SERVICE						
BALTIMORE, MD 21215	ORGANIZATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12B, II	THE CHIMES INC.		x
CHIMES INTERNATIONAL LTD - 52-2000359							
4815 SETON DRIVE	SUPPORTING SERVICE			LINE 12C,			
BALTIMORE, MD 21215	ORGANIZATION	DELAWARE	501(C)(3)	III-FI	N/A		x
CHIMES METRO, INC 52-1773885	SERVICES FOR INDIVIDUALS						
4815 SETON DRIVE	WITH BARRIERS TO				CHIMES		
BALTIMORE, MD 21215	INDEPENDENT LIVING.	MARYLAND	501(C)(3)	LINE 10	INTERNATIONAL LTD		x

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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		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.	x	
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		x
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		x
·							
							1

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

	· · · · · · · · · · · · · · · · · · ·	· ,							1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	partr	ging ier?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	1	L		1		1	1	1	1	1		

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		(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
									<u> </u>
								<u> </u>	<u> </u>
								──	<u> </u>
								<u> </u>	<u> </u>

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

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		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		x
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	х	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	x	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	x	
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) CHESTER COUNTY COUNCIL ON ADDICTIVE DISEASES, INC.	S	443,289.	TRANSFER OF NET ASSETS
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 HOLCOMB ASSOCIATES, INC.

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)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Disprop tionat allocatio Yes I	or- amount in box 20 of Schedule K-1	(j) General or managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 HOLCOM Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	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	ну	17 4	4,207,024.				4,207,024.1	.,357,419.		217,468.	L,574,887.
	* 990 PAGE 10 TOTAL BUILDING	S				4	4,207,024.				4,207,024.1	,357,419.		217,468.	L,574,887.
	MACHINERY & EQUIPMENT														
5	FURNISHINGS & EQUIPMENT	VARIOUS	200DB	5.00	ну	17:	2,692,997.				2,692,997.1	.,814,109.		139,205.	L,953,314.
	* 990 PAGE 10 TOTAL MACHINER	Y & EQUIF	MENT			:	2,692,997.				2,692,997.1	.,814,109.		139,205.	L,953,314.
	OTHER														
1	LAND	VARIOUS	L				680,500.				680,500.			0.	
3	AUTOMOBILES	VARIOUS	200DB	5.00	НУ	17:	,104,045.				1,104,045.	945,676.		57,070.	L,002,746.
4	LEASEHOLD IMPROVEMENTS	VARIOUS	150DB	15.00	ну	17	437,235.				437,235.	204,783.		22,601.	227,384.
	* 990 PAGE 10 TOTAL OTHER					:	2,221,780.				2,221,780.1	,150,459.		79,671.	1,230,130.
	* GRAND TOTAL 990 PAGE 10 DE	PR				9	,121,801.				9,121,801.4	,321,987.		436,344.	1,758,331.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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 use Form 7004 to request an extension of time to file income tax returns.

Туре	Name of exempt organization or other filer, see ins	Name of exempt organization or other filer, see instructions.							
print	HOLCOMB ASSOCIATES, INC.				23-2093566				
File by th due date filing you	y the ate for y ^{our} 467 CREAMERY WAY								
return. S instructio									
Enter t	he Return Code for the return that this application is for	· (file a separat	e application for each return)			0 1			
Applic	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form §	990 or Form 990-EZ	01	Form 990-T (corporation)	07					
Form §	990-BL	02	Form 1041-A		08				
Form 4	720 (individual)	03	Form 4720 (other than individual)		09				
Form §	990-PF	04	Form 5227		10				
Form §	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form §	990-T (trust other than above)	06	Form 8870	12					
 STEPHEN DARE The books are in the care of ▲ 4815 SETON DRIVE - BALTIMORE, MD 21215 Telephone No. ▲ (610) 363-1488 Fax No. ▲ If the organization does not have an office or place of business in the United States, check this box ▲ □ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▲ □ If it is for part of the group, check this box ▲ □ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time untilMAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▲ □ calendar year or ▲ X year beginningJUL 1, 2019, and endingJUN 30, 2020 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return 									
	f this application is for Forms 990-BL, 990-PF, 990-T, 47 any nonrefundable credits. See instructions.	3a	\$	0.					
b	f this application is for Forms 990-PF, 990-T, 4720, or 60								
(estimated tax payments made. Include any prior year ov	3b	\$	0.					
c	Balance due. Subtract line 3b from line 3a. Include you								
	using EFTPS (Electronic Federal Tax Payment System).	See instructio	ns	3c	\$	0.			
Cautio instruc	on: If you are going to make an electronic funds withdrations.	wal (direct deb	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879	EO for payment			

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

Form 8868 (Rev. 1-2020)