

				** PU	JBLIC DI	SCLOSUR	E CC	DPY	* *	r			
				EXT	ENDED I	O MAY 1	5, 2	2024					
	~	~~	Returr	n of Org	ganizati	on Exen	npt	Fro	m lı	ncome	Tax	OMB No. 1	545-0047
For	mУ	90	Under section 50		-		-					201	22
		••				mbers on this						Open to	<b>Dublic</b>
Dep: Inter	artment o nal Reve	of the Treasury enue Service	Go	to www.irs.	gov/Form990	for instruction	ns and	the lat	test ir	formation.		Inspec	
Α	For th	e 2022 calend	ar year, or tax yea	r beginning	JUL 1	, 2022	and	d endir	ng J	UN 30,	2023		
В	Check if	C Name of	f organization							D Employ	er identificat	tion number	
	applicab Addre				_								
	chang	ge MORP	HY-HARPST	CHILDE	REN'S CE	ENTERS,	INC	•				_	
	chang	ge Doing b	usiness as					1_			1543388	5	
	returr Final	Number	and street (or P.O.		not delivered to	street address)		Room	/suite	E Telepho		- 0 0	
	returr termi	n-	FLETCHER S								-748-15	10,702	616
	ated Amer		own, state or provi RTOWN,GA			reign postal co	de			G Gross rece			,040.
	returr Appli		nd address of princ			SCOTT N	ERR	ттт		7	a group retu bordinates?		X No
	tion pendi		AS C ABOVE		мтсимпп	DCOII I					ubordinates inclu		
1	Тах-ех	empt status:		501(c) (	) (inse	rt no.) 494	47(a)(1)	or	527	1		t. See instruct	
	Websi		MURPHYHARI			10.) 10	17 (u)( 1)	01	021	7	exemption r		
			X Corporation	Trust	Association	Other		L	Year			State of legal do	micile: GA
	art I	Summary										5	
	1	Briefly describ	e the organization'	's mission or	most significa	nt activities:	SEE	SCH	EDU	LE O FO	OR A CC	MPLETE	
nce		DESCRIP	TION OF MU	JRPHY-F	HARPST'S	S MISSIO	N.						
Governance	2	Check this bo	x if the c	organization	discontinued i	ts operations o	r dispo	sed of	more	than 25% of	its net asset	S.	
ove	3		ting members of the	<b>°</b>		,							21
ي م	4											17	
Activities &	5												158
iviti	6		of volunteers (estin										300
Act	7a		d business revenue										0.
	D	Net unrelated	business taxable ir	ncome from	Form 990-1, Pa	art I, line 11				Prior Ye		Current Y	
	8	Contributions	and grants (Part VI	III lino 1h)						2,258		2,448	
ant	9		ce revenue (Part VI	, , ,						6,981		8,100	
Revenue	10	•	come (Part VIII, colu								,171.		,236.
B	11		e (Part VIII, column								,028.		,714.
	12		- add lines 8 throug							9,312		10,619	
	1		milar amounts paid								,785.		,105.
	14	Benefits paid	to or for members (	(Part IX, colu	mn (A), line 4)						0.		0.
ŝ	15	Salaries, other	r compensation, en	nployee bene	efits (Part IX, c	olumn (A), lines	s 5-10)			6,392	,781.	6,814	,263.
nse	16a	Professional fu	undraising fees (Pa	rt IX, columr	n (A), line 11e)						0.		0.
Expenses	. b		ing expenses (Part					0.					
ш	17		es (Part IX, column							2,478	,110.	2,681	
	18		s. Add lines 13-17							9,138		9,740	
	<b>19</b>	Revenue less	expenses. Subtrac	t line 18 fron	n line 12	<u></u>			- Do		<u>,076.</u>		<u>,338.</u>
Net Assets or		Total accests "	Dout V line 10							ginning of Cur 7 , 751		End of Y 9,446	
Asse	g 20	Total assets (F									,147.	$\frac{3,440}{1,176}$	
Vet /	21 22		s (Part X, line 26) fund balances. Sub							7,195		8,269	
	art II	Signature								,,	, • - 5 •	5,205	,
		•	I declare that I have e	examined this i	return, includina	accompanving	schedule	es and s	tateme	ents, and to the	e best of mv kr	nowledge and be	elief, it is
			. Declaration of prepa								-		, 0
		1			,								

Sign	Signature of officer Date										
Here	MICHAEL SCOTT MERRITT, CEO										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	PAMELA D. HARDISTER, CPA	PAMELA D. HARDIST	ER, 05/07	/24 self-employed	P00240127						
Preparer	Firm's name CARR, RIGGS & ING	RAM, LLC		Firm's EIN 72-	1396621						
Use Only	Firm's address 4004 SUMMIT BLVD	NE, SUITE 800									
	ATLANTA, GA 30319			Phone no. $770$ .	394.8000						
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No						
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) MURPHY-HARPST CHILDREN'S CENTERS, INC. 58-1543388 T III Statement of Program Service Accomplishments	Page <b>2</b>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: <u>MURPHY-HARPST IS A BEHAVIORAL HEALTHCARE ORGANIZATION OFFERING A</u> <u>CONTINUUM OF SERVICES DESIGNED TO MEET THE NEEDS OF CHILDREN AND YO</u>	UTH
	WITH EMOTIONAL AND/OR BEHAVIORAL 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?	es X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ye If "Yes," describe these changes on Schedule O.	es X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported.	and
4a		<u>,885.</u> )
	DIRECT CHILDCARE - THE ORGANIZATION CONTRIBUTES SERVICES TO FAMILIE AND CHILDREN IN THE FOSTER CARE SYSTEM WHICH CAN INCLUDE MEDICALLY	5
	FRAGILE CHILDREN AND CHILDREN WITH BEHAVIORAL AND DEVELOPMENTAL	
	CHALLENGES. THE ORGANIZATION CONTRIBUTES SERVICES TO FAMILIES AND	
	CHILDREN IN HOME BASED CARE AND KINSHIP CARE.	
4b	(Code: ) (Expenses \$ 291,935. including grants of \$ ) (Revenue \$ 307	,139.)
	FOOD SUPPORT - THE ORGANIZATION PROVIDES MEALS AND FOOD SUPPORT TO	· · · · ·
	PARTICIPATING FAMILIES AND CHILDREN IN RESIDENTIAL CARE.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     7,699,050.	
4e		<b>990</b> (2022)
232002	2 12-13-22	. (2022)
	2	

13500507 794202 60-01235.000

Form 990 (2022)	MURPHY-HARPST	CHILDREN'S	CENTERS,	INC.
Part IV Checklist of R	equired Schedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 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	<b>–</b>		
Ū	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			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		.,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI	11a	- 23	
b	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		х
232003	12-13-22	Form	<b>990</b> (	(2022)

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232003 12-13-22

Form 990 (		MURPHY-HAF			' S	CENTERS,	INC
Part IV	Checklist of R	equired Schedu	les <sub>(co</sub>	ntinued)			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h		24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C		04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
54		34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		23	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D		0.54		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Dor	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(a.c
232004	12-13-22	Form	99U	(2022)
	4			

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	158					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoui	nt)?	<u>4a</u>		X		
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 A		. ,	_		v		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X X		
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		6a		x		
h	any contributions that were not tax deductible as charitable contributions?							
5	were not tax deductible?		•	6b				
7	Organizations that may receive deductible contributions under section 170(c).			0.0				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices i	provided to the pavor?	7a	х			
				7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w							
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h								
8								
•	sponsoring organization have excess business holdings at any time during the year?							
9								
	<ul> <li>a Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> </ul>							
10	Section 501(c)(7) organizations. Enter:			9b				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note:</b> 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		1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c	•	14a		x		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a 14b		- 23		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
.0	excess parachute payment(s) during the year?			15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
232005	12-13-22			Form	1 <b>990</b>	(2022)		

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MURPHY-HARPST CHILDREN'S CENTERS, INC.

58-1543388

Page 5

Form 990 (2022)

<sup>2022.05090</sup> MURPHY-HARPST CHILDREN'S 60-01231

Form 9	990 (	(2022)
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# MURPHY-HARPST CHILDREN'S CENTERS, INC.

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

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

					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any othe	r					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervi	sion					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or						
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
а	The governing body?	-		8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-							
					Yes	N		
0a	Did the organization have local chapters, branches, or affiliates?			10a	100	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100				
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body			10b 11a	х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	belore ming ti		114				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х			
				12a	X			
b	, , , , , , , , , , , , , , , , , , , ,							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10-	х			
	on Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	Δ			
5	Did the process for determining compensation of the following persons include a review and approval		nt					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v			
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent 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 evaluat		on					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's						
	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (sectio	on 501(c)(3)s	only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain	on Schedule C	))					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			finano	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 boo	ks and records	6					
	KATHRYN LONGSHORE - 770-748-1500							
	740 FLETCHER STREET, CEDARTOWN, GA 30125							
32006				-	990	(20)		

Form 990 (2022)	MURPHY-HARPST	CHILDREN'S CENTERS	, INC.	58-1543388	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independent Contr	actors						
Check if Sc	hedule O contains a response or no	ote to any line in this Part VII						
Section A. Officers, I	Directors, Trustees, Key Employee	es, and Highest Compensated Empl	oyees					
<ul> <li>List all of the orga</li> </ul>		. Report compensation for the calenda s, trustees (whether individuals or orga s paid.	, 0	Ũ	,			
List all of the orga	inization's current key employees,	if any. See the instructions for definition	on of "key employe	e."				

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	officer and a director/trustee)		an	compensation	compensation	amount of		
	week		cer an	id a d	irecto	r/trus	iee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	organization and related
	below	dual t	utiona	_	mploy	st col	ar	1000 1120)		organizations
	line)	Indivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) MICHAEL SCOTT MERRITT	40.00									
PRESIDENT & CEO		х		Х				156,843.	Ο.	12,560.
(2) MARTHA CARROLL	1.00									
CHAIR		х		х				0.	Ο.	0.
(3) R. SCOTT CAMPBELL	1.00									
VICE CHAIR		х		х				0.	Ο.	0.
(4) ANNALISA BLOODWORTH	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) LINDA YOUNG	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) RACHAEL BOZSIK	1.00									
DIRECTOR		Х						0.	0.	0.
(7) BRAD BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) REV. RICHARD CHEWNING	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BRUCE ELDER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SCOTT ELDER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JO CRANFORD HODGES	1.00									
DIRECTOR	1	Х						0.	0.	0.
(12) ANDY KINCHELOE	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) TRICIA KINNEY	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(14) REV DR. KEVIN MURRIEL	1.00	37							0	0
DIRECTOR	1 00	X						0.	0.	0.
(15) STEVE POWELL	1.00	37							0	0
DIRECTOR	1 00	X						0.	0.	0.
(16) HAEJIN BAN	1.00	37							0	0
EX-OFFICIO	1 00	X						0.	0.	0.
(17) DELORIS CARHEE	1.00	v						0.	0.	0.
EX-OFFICIO		Х						U .	0.	Form <b>990</b> (2022)
232007 12-13-22				_	-					Form ອອບ (2022)

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								TERS, INC.	58-15	543	388	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C		, ,			
(A)	(B)			( <b>C</b>	<b>C)</b> ition			(D)	(E)			=)
Name and title	Average hours per		not ch	heck r	more	than c		Reportable	Reportable		Estin	
	week					s both r/trust		compensation from	compensatio from related			unt of ner
	(list any	ctor						the	organization		compe	
	hours for	r direc				ted		organization	(W-2/1099-MIS	I	•	n the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations below	al tru:	onal t		loyee	comp		1099-NEC)			and re	
	line)	In dividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organiz	zations
(18) STEPHANIE DRESSLER	1.00	<u> </u>	드	6	¥	e E	R					
EX-OFFICIO		x						0.		0.		Ο.
(19) REV. JOHN PINSON	1.00											
EX-OFFICIO		х						0.		0.		0.
(20) CATHY RILEY	1.00											
EX-OFFICIO		Х						0.		0.		0.
(21) BOBBY SOLOMON	1.00											
EX-OFFICIO		Х						0.		0.		0.
		1										
1b Subtotal								156,843.		0.	12	560.
c Total from continuation sheets to Part VI								0.		0.	,	0.
_d Total (add lines 1b and 1c)								156,843.		0.	12,	560.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;		
compensation from the organization												<u>1</u>
										1	Y	es No
<b>3</b> Did the organization list any <b>former</b> officer,			•	•	•		•				2	x
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su											3	
and related organizations greater than \$150	-								-		4 Σ	ζ
5 Did any person listed on line 1a receive or a	,											_
rendered to the organization? If "Yes." com					-			•			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								ensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith o	or wit	hin: T		ear.		(	
(A) Name and business	address							(B) Description of s	services	C	(C) ompensa	ation
SOUTHERN PSYCHIATRIC PROF		LS	-	T.T.(	C			Becomption of e				
48 MAIN STREET, STE 2A, S			-					PSYCHIATRIC	SERVICES		149.	300.
<i>.</i>												
2 Total number of independent contractors (in	•	ot lin	nited	to t	thos	e lis	ted	above) who received me	ore than			
\$100,000 of compensation from the organized	zation				1	<u> </u>					Form 99	0 (2022)

232008 12-13-22

					IARPST	CHILDRE	N'S CENTERS	S, INC.	58-1543	388 Page 9
Pa	rt V	111								
			Check if Schedule O o	contains a	response	or note to any lin		(B)	(0)	
							(A) Total revenue	(P) Related or exempt	(C) Unrelated	(D) Revenue excluded
									business revenue	from tax under
					<u> </u>					sections 512 - 514
nts nts	1		Federated campaigns		1a					
Gra					1b					
ts, ( Am			Fundraising events		1c					
Gifl			Related organizations		1d	419,410.				
ns, Simi			Government grants (contri		1e					
er S		f	All other contributions, gifts,							
Dth			similar amounts not included		1f	2,028,835.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in		1g  \$	188,931.	2 440 245			
<u>a</u> C		h	Total. Add lines 1a-1f				2,448,245.			
						Business Code	7 542 021	7 542 021		
ice	2		CHILDRENS' SERVICES			624100	7,543,931.	7,543,931.		
erv		b	COUNSELING FEES			624100	526,449.	526,449.		
n S /eni		С	OTHER PROGRAM REVENU	UE		900099	29,644.	29,644.		
Program Service Revenue		d								
roc		e								
Δ.			All other program service				8 100 004			
		g	Total. Add lines 2a-2f				8,100,024.			
	3		Investment income (includ	-			32,567.			32 567
							52,507.			32,567.
	4 5		Income from investment o							
	5		Royalties		(i) Real	(ii) Personal				
	~	_	0		16,500.	(ii) Feisonai				
			Gross rents	6a	<u> </u>					
			Less: rental expenses	6b 6c	16,500.					
		C	Rental income or (loss)		10,500.		16,500.			16,500.
			Net rental income or (loss) Gross amount from sales of		 Securities	(ii) Other	10,500.			10,500.
	1	a	assets other than inventory	7a	80,574.					
		h	Less: cost or other basis	10						
e		D	and sales expenses	7b	55,405.	0.				
evenue		~	Gain or (loss)	70 7c	25,169.					
			Net gain or (loss)				25,669.			25,669.
Other R			Gross income from fundraisin							
Oth	U	u	including \$	•						
•			contributions reported on		-					
			Part IV, line 18			24,236.				
		b	Less: direct expenses							
			Net income or (loss) from				-3,786.			-3,786.
			Gross income from gamin		-					,
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from							
			Gross sales of inventory, I							
			and allowances			a				
		b	Less: cost of goods sold							
_			Net income or (loss) from							
(2)						Business Code				
sno	11	а								
ane		b								
iell: eve		с								
Miscellaneous Revenue		d	All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				10,619,219.	8,100,024.	0.	70,950.
23200	9 12-	13-:								Form <b>990</b> (2022

232009 12-13-22

Form 990 (2022)

MURPHY-HARPST CHILDREN'S CENTERS, Part IX Statement of Functional Expenses

INC.

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

_	Check if Schedule O contains a respons			(C)	<u>X</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	245,105.	245,105.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	173,566.	137,987.	35,579.	
6	Compensation not included above to disqualified	,	,	,	
-	persons (as defined under section 4958(f)(1)) and				
	neuronal described in section $40\Gamma0(s)(0)(D)$				
7	Other salaries and wages	5,375,515.	4,273,597.	1,101,918.	
, B	Pension plan accruals and contributions (include	0,0,0,010	_,_,0,00,0	_,_0_,0	
5	section 401(k) and 403(b) employer contributions)	43,957.	34,624.	9,333.	
9	Other employee benefits	808,331.	636,696.	171,635.	
_		412,894.	325,223.	87,671.	
0	Payroll taxes	412,004.	525,225.	07,0710	
1	Fees for services (nonemployees):				
	Management				
b	F	38,308.	22 242	1 065	
С	F	38,308.	33,343.	4,965.	
d	Lobbying				
е		<b>F C A A</b>		<b>F C A O</b>	
f	Investment management fees	7,640.		7,640.	
g		4 4 4 4 4 4 4 4	0.00.004	1 4 2 . 0 1 2	
	column (A), amount, list line 11g expenses on Sch 0.)	1,103,407.	960,394.	143,013.	
2	Advertising and promotion	10,231.	8,905.	1,326.	
3	Office expenses	327,644.	258,038.	69,606.	
4	Information technology				
5	Royalties				
6	Occupancy	563,134.	516,869.	46,265.	
7	Travel	45,130.	35,391.	9,739.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	30,219.	3,390.	26,829.	
0	Interest	352.	12.	340.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	238,091.	188,209.	49,882.	
3	Insurance	220,862.	7,643.	213,219.	
4	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.)	06 405	22 674	62 071	
a	~	96,495.	33,624.	62,871.	
b					
С					
d					
е	All other expenses	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.044.004	
5	Total functional expenses. Add lines 1 through 24e	9,740,881.	7,699,050.	2,041,831.	0
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

13500507 794202 60-01235.000

MURPHY-HARPST CHILDREN'S CENTERS, INC.

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		Check if Schedule O contains a response or not	e to any l	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,295,426.	1	3,261,946.
	2	Savings and temporary cash investments			282,770.	2	308,498.
	3	Pledges and grants receivable, net			832,114.	3	789,884.
	4	Accounts receivable, net			17,752.	4	21,716.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
ts		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges	79,163.	9	114,175.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,414,826. 5,063,404.			
	b	Less: accumulated depreciation	10b 5,063,404		2,299,626.	10c	2,351,422.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		1,945,111.	12	2,400,353.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		0.	15	198,064.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	)	7,751,962.	16	9,446,058.
	17	Accounts payable and accrued expenses			556,147.	17	981,691.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Se	22	Loans and other payables to any current or form	er officer	r, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iabi		controlled entity or family member of any of thes	e person	ıs		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	rties		24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	,		•		105 064
		of Schedule D				25	195,064.
	26				556,147.	26	1,176,755.
s		Organizations that follow FASB ASC 958, che	ck here	X			
JCe		and complete lines 27, 28, 32, and 33.			7 140 026		0 252 070
alar	27			·····	7,149,036. 46,779.	27	8,252,970. 16,333.
dB	28	Net assets with donor restrictions			40,//9.	28	10,333.
'n		Organizations that do not follow FASB ASC 9	58, chec	k here			
or F	00	and complete lines 29 through 33.				00	
sts	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
et A	31	Retained earnings, endowment, accumulated inc Total net assets or fund balances			7,195,815.	31 32	8,269,303.
ž	32 33				7,751,962.	32	9,446,058.
	00	Total liabilities and net assets/fund balances			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33	, , , , , , , , , , , , , , , , , , , ,

Form 990 (2022)

(2	2022	)		TAI
	Ba	lance	Sheet	

Form	990 (2022) MURPHY-HARPST CHILDREN'S CENTERS, INC.	58-	154338	8	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,6	519	, 21	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,7	40	,88	31.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	378	, 33	38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,1	.95	, 81	15.
5	Net unrealized gains (losses) on investments	5	1	.95	,15	50.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8,2	269	, 30	<u>)3.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
			_	1	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	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?		1	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		1	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		·····	Ba	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				_	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			ßb	X	

Form **990** (2022)

232012 12-13-22

SCHEDULE A				Public Cha	rity Status an	d Pub	olic Su	ipport		OMB No. 1545-0047
(Fo	orm 99	90)			ization is a section 501					2022
Depa	rtment o	of the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
		nue Service			Form990 for instruction			ormation.		Inspection
Nan	ne of	the organizati						_		identification number
Da	nrt I	Beason			CHILDREN'S CE (All organizations must c					8-1543388
								ee instructior	15.	
ine 1	orgar		•		For lines 1 through 12, ch		,	IV <b>A</b> V(i)		
2	H	-			n of churches described Attach Schedule E (Form			I)(A)(I).		
2	$\square$				anization described in se		(h)(1)(A)(ii	i)		
4	$\square$	•	•		njunction with a hospital			•	)(iii). Enter	the hospital's name.
•		city, and state	-		,				·/···/-	,
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(	b <b>)(1)(A)(vi).</b> (C	omplete Part II.)						
8					(1)(A)(vi). (Complete Part	,				
9		-		•	in section 170(b)(1)(A)(i		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10		university:	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from o	optribution	no momboret	in food and	d gross receipts from
10					t to certain exceptions; a					
					(less section 511 tax) fro					-
				mplete Part III.)						
11					vely to test for public saf	ety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section {	509(a)(2).	See section	<b>509(a)(3).</b> C	Check the box on
		_lines 12a thro	ugh 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled I	oy its supp	ported org	anization(s), t	ypically by g	giving
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
	_			complete Part IV, Se					()	
b					or controlled in connect					
				it complete Part IV,	anization vested in the sa	ime perso	ns that col	ntroi or mana	ge the supp	orted
с		¬ ~	( )		g organization operated i	n connect	tion with	and functiona	llv integrate	d with
Ū	·	••	-	• •	). You must complete F				ily integrate	a with,
d			0	()()	porting organization operation	,	,		rted organiz	ation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and	an attentiv	reness
		requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this	box if the orga	anization received a v	written determination fror	n the IRS	that it is a	Туре I, Туре	II, Type III	
		-		• ·	nally integrated supportir	ng organiz	ation.			
f		er the number	••	•						
g		vide the followi (i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ii	,	support (see instructions)
					above (see instructions))	103				

Total

### Schedule A (Form 990) 2022 MURPHY-HARPST CHILDREN'S CENTERS, INC. 58-1543388 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1669284.	1809522.	3005974.	2258021.	2448245.	11191046.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1669284.	1809522.	3005974.	2258021.	2448245.	11191046.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						303,698.
	Public support. Subtract line 5 from line 4.						10887348.
Sec	ction B. Total Support	1	<b></b>	I	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1669284.	1809522.	3005974.	2258021.	2448245.	11191046.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	12,447.	7,358.	1,730.	3,870.	32,567.	57,972.
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.)	25,347.	25,894.	30,977.	39,028.		161,982.
11	Total support. Add lines 7 through 10						11411000.
12	,	<b>`</b>	/				,960,683.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
0	organization, check this box and stop					<u></u>	
	ction C. Computation of Publi		-				0 - 11
	Public support percentage for 2022 (I					14	95.41 %
	Public support percentage from 2021					15	97.28 %
16a	<b>33 1/3% support test - 2022.</b> If the o				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2021.</b> If the o						
4-	and <b>stop here.</b> The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	л ай пот спеск а		a, 100, 17a, or 170	, check this box a		s
							1 0111 3301 2022

Schedule A (Form 990) 2022	MURPHY-HARPST	CHILDREN'S	CENTERS,	INC.	58-1543388	Page 3
Part III Support Schedule for	or Organizations Desc	ribed in Section (	509(a)(2)			

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
л	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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) orgar	ization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
<b>19</b> a	<b>33 1/3% support tests - 2022.</b> If the						ine 17 is not
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2021.</b> If the	-					
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22		15	i		Sched	lule A (Form 990) 2022

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

16

232024 12-09-22

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

### Schedule A (Form 990) 2022 MURPHY-HARPST CHILDREN'S CENTERS, INC. 58-1543388 Page 5 Part IV Supporting Organizations (continued)

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

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

### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D	. All Type III	Supporting	Organizations

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

### Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.** 

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.* 232025 12-09-22 Yes No 2a 2a 2b 2b 3a 3a

Yes No

Yes No

Schedule A (Form 990) 2022

# 13500507 794202 60-01235.000

Sche	dule A (Form 990) 2022 MURPHY-HARPST CHILDREN'S			58-1543388 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting c	organization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

MURPHY-HARPST	CHILDREN'	S	CENTERS,	INC.	58-1543388	Page

		CHILDREN'S CE		5	8-1543388	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)		
Secti	on D - Distributions				Current Yea	ır
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pre-	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributabl Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
						-

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	MURPHY	-HARPST	CHILDREN'	S CENTERS	S, INC.	58-1543388 Page 8
Part VI	Supplemental In Part IV, Section A, lin	<b>nformation.</b> Prones 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; I	vide the explan 4c, 5a, 6, 9a, 9 Part IV, Section	ations required b b, 9c, 11a, 11b, a E, lines 1c, 2a, 2	y Part II, line 10; P and 11c; Part IV, S b, 3a, and 3b; Par	art II, line 17a or ection B, lines 1 t V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
232028 12-09-2	22			20			Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

58-1543388
------------

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					

MURPHY-HARPST CHILDREN'S CENTERS, INC.

Check if your organization is covered by the General Rule or a Special Rule.

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

### **General Rule**

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

### **Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

# MURPHY-HARPST CHILDREN'S CENTERS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>367,742.</u>	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
2		\$268,348.	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		\$ <u>80,000.</u>	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
4		\$ <u>50,000.</u>	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.)

Employer identification number

58-1543388

223452 11-15-22

13500507 794202 60-01235.000

MURPHY	Y-HARPST CHILDREN'S CENTERS, INC.	58	3-1543388
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

58-1543388

Schedule E	B (Form 990) (2022)				Page <b>4</b>
Name of or	rganization				Employer identification number
MURPHY	Y-HARPST CHILDREN'S CEN	TERS, INC.			58-1543388
Part III		through (e) and the following charitable, etc., contributions of <b>\$1</b> ,	line entry. For orga	nizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
-		(e) Transfer	r of gift		
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of trai	nsferor to transferee
(a) No.		[ .			
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
-		(e) Transfer	r of gift		
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
		(e) Transfer	r of gift		
-	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
-		(e) Transfer	r of gift		
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of trai	nsferor to transferee
		-			
223454 11-15	-22				Schedule B (Form 990) (2022)

13500507 794202 60-01235.000

Department of the Treasury

(Form	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.



Internal Revenue Service Name of the organization

Employer identification number

	MURPHY-HARPST CHILDREN'S CENTERS, INC.	58-1543388
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used a	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
_	impermissible private benefit?	
Pa	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		torically important land area
		tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	
	day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
~	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	lization during the tax
4	year	
4 5	Number of states where property subject to conservation easement is located	
5		Yes No
6	violations, and enforcement of the conservation easements it holds?	
•		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
		0
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	ment and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	nat describes the
_	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	ce of public service,
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	
~	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	¢
a b	Revenue included on Form 990, Part VIII, line 1         Assets included in Form 990, Part X	
<u> </u>		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions	for Form 990.
232051 09-01-22	
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	dule D (Form 990) 2022 MURPHY-	HARPST CHIL ollections of Art				58-15 ilar Assets		
3	Using the organization's acquisition, accessi							
5	collection items (check all that apply):		, check any of the f	ollowing that make	signine			
а	Public exhibition	d		hange program				
		u						
b	Scholarly research	е						
c	Preservation for future generations		h th fth th				VIII	
4	Provide a description of the organization's co						XIII.	
5	During the year, did the organization solicit o							<b></b>
Dar	to be sold to raise funds rather than to be matter than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be m						Yes	No
rai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Parent Pare		te if the organizatio	n answered "Yes"	on Form	990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII					····· ∟		
			5				Amount	:
с	Beginning balance				1	с		
d	Additions during the year					d		
	Distributions during the year					е		
f	Ending balance					f		
	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				•		_	$\square$
Par								
	· · · ·	(a) Current year	(b) Prior year	(c) Two years bac		ee years back	(e) Four	years back
1a	Beginning of year balance	46,779.	48,020.	31,725		8,047.		84,893.
	Contributions	19,525.	61,179.	122,000		58,469.		35,000.
	Net investment earnings, gains, and losses	,	,	,		,		,
	Grants or scholarships							
	Other expenditures for facilities							
e		49,971.	62,420.	105,705		34,791.		111,846.
f	Administrative expenses				•	• • • • • • • • • •		, • - • •
		16,333.	46,779.	48,020		31,725.		8,047.
-	End of year balance Provide the estimated percentage of the curr	,	,	,	•	51,725.		0,017.
2		• 0000		) neiù as.				
	Board designated or quasi-endowment Permanent endowment .0000		_%					
	1.0.0	%						
С								
•	The percentages on lines 2a, 2b, and 2c sho							
за	Are there endowment funds not in the posse	ssion of the organizat	tion that are held an	id administered for	the		Г	Yes No
	organization by:							Yes No X
	(i) Unrelated organizations						3a(i)	
_	(ii) Related organizations						3a(ii)	<u> </u>
	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Par	Land, Buildings, and Equipm		vment funds.					
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line 10	).		
	Description of property	(a) Cost or ot	her (b) Cost	or other (c	Accumu	lated	(d) Bool	< value
	-	basis (investm	ent) basis	(other)	depreciat	ion		
1a	Land		1	5,288.			15	5,288.
	Buildings				,661,	165.		7,559.
	Leasehold improvements							
	Equipment		1,60	0,852. 1	,339,	571.	261	L,281.
	Other			9,962.		668.		7,294.
	Add lines 1a through 1e. (Column (d) must e							L,422.
		geen on over all?		· <del>· · · · · · · · · · · · · · · · · · </del>			-	, 990) 2022

Schedu	ile D (Form 990) 2022		ST CHILDREN'S	CENTERS,	INC.	58-1543388 <sub>Page</sub> 3
Part	VII Investments - C	Other Securities.				
	Complete if the orga	inization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11b. See Form 99	0, Part X, I	line 12.
(a) De	scription of security or catego	DTY (including name of security)	(b) Book value	(c) Method o	of valuatior	n: Cost or end-of-year market value
(1) Fina	ancial derivatives					
(2) Clo						
(3) Oth	•					
	OTHER INVESTM	IENTS - GUMF	2,400,353.	END-OF-	YEAR	MARKET VALUE
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	Col. (b) must equal Form 990,	Part X col (B) line 12)	2,400,353.			
Part	VIII Investments - F	Program Related.	_,,			
		•	on Form 990, Part IV, line <sup>.</sup>	11c. See Form 99	0. Part X. I	ine 13.
	(a) Description of i		(b) Book value			n: Cost or end-of-year market value
(1)	( ,			( ,		,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
<u>(9)</u>	), (h)					
Part	Col. (b) must equal Form 990, IX Other Assets.	Part X, COI. (B) IIIIE 13.)				
1 art		inization answered "Ves"	on Form 990, Part IV, line <sup>.</sup>	11d See Form 99	0 Part X I	line 15
			Description		0,1 art 7,1	(b) Book value
(4)		(d)	Description			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part	Column (b) must equal For X 0ther Liabilities	<u>m 990, Part X, col. (B) line</u>	e 15.)			
Part					000 0	
			on Form 990, Part IV, line	11e or 11f. See Fo	orm 990, P	
1.		scription of liability				(b) Book value
	Federal income taxes					105.064
(2)	ROU LIABILITI	ES				195,064.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (	Column (b) must equal For	m 990, Part X, col. (B) line	e 25.)			
2. Lial	oility for uncertain tax posi	tions. In Part XIII, provide	the text of the footnote to	the organization's	s financial	statements that reports the
org	anization's liability for unc	ertain tax positions under	FASB ASC 740. Check he	ere if the text of the	e footnote	has been provided in Part XIII X

232053 09-01-22

Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 MURPHY-HARPST CHILDREN'S				1543388 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,842,391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	195,150.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		28,022.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	223,172.
3	Subtract line <b>2e</b> from line <b>1</b>			3	10,619,219.
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 <b>4a</b> and <b>4b</b>			4c	0.
_				5	10,619,219.
_5	I otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) rt XII Reconciliation of Expenses per Audited Financial Stat	ements With I	Expenses per F		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With I	Expenses per F		n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With I	Expenses per F		
	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With I	Expenses per F	Retur	n.
1	Reconciliation of Expenses per Audited Financial Stat           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	12a.	Expenses per F	Retur	n.
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	interments With I           12a.              2a	Expenses per F	Retur	n.
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           2b	Expenses per F	Retur	n.
1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           2b           2c	Expenses per F	Retur	n. 9,768,903.
1 2 a b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2b           2c           2d	Expenses per F	Retur	n. 9,768,903. 28,022.
1 2 a b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	Expenses per F	1	n. 9,768,903.
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	letur 1 2e	n. 9,768,903. 28,022.
1 2 a b c d e 3 4	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	Expenses per F	letur 1 2e	n. 9,768,903. 28,022.
] 1 2 a b c d e 3 4 a	T XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a       2b       2c       2d	Expenses per F	letur 1 2e	n. 9,768,903. 28,022.
] 1 2 a b c d e 3 4 a	T XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a       12a.       2b       2b       2c       2d	Expenses per F	letur 1 2e	n. <u>9,768,903.</u> <u>28,022.</u> 9,740,881. 0.
1 2 d e 3 4 b c 5	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a       12a.       2b       2b       2c       2d       2d	Expenses per F	1 2e 3	n. 9,768,903. 28,022. 9,740,881.

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:

UNDER SECTION SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE

ORGANIZATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS

INCOME. UNRELATED BUSINESS INCOME COULD RESULT FROM RENT, ADMINISTRATION

OF SELF INSURANCE ACTIVITIES, AND COMMISSIONS.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX

POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN

29

IT IS MORE LIKELY THAN NOT THE POSITIONS WILL BE SUSTAINED UPON

EXAMINATION B	BY	$\mathbf{THE}$	TAX	AUTHORITIES.	IT	ALSO	PROVIDES	GUIDANCE H	FOR
---------------	----	----------------	-----	--------------	----	------	----------	------------	-----

232054 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MURPHY-HARPST CHILDREN'S CENTERS, INC. 58-1543388 Part XIII Supplemental Information (continued)	Page 5
DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN	
INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2023 AND 2022,	1
THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR	
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SCHEDULE G EXPENSES - GOLF EVENT 28,02	22.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SCHEDULE G EXPENSES - GOLF EVENT 28,02	22.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				19, or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990					Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information		identification number
5		HARPST CHILDREN'S	CEN	rer s	S, INC.	58-15	
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, lii	ne 17. Form 990	)-EZ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes No
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (	by) to (or retained by)
			Yes	No			
Total							
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified i	it is exempt fror	n registration

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

Schedule G (Form 990) 2022

232081 10-27-22

58-1543388 Page 2 MURPHY-HARPST CHILDREN'S CENTERS, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

1		of fundraising event contributions and g				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF EVENT	(avent type)	(total number)	col. <b>(c)</b> )
en			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	24,236.			24,236
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	24,236.			24,236
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	11,435.			11,435
irect E)	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				16,587
	10	Direct expense summary. Add lines 4 throug				28,022
	11	Net income summary. Subtract line 10 from	line 3, column (d)			-3,786
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
$\rightarrow$	5	Other direct expenses				
	5 6		Yes%	└── Yes% └── No	└── Yes % └── No	
		Other direct expenses	Yes%		No	
		Other direct expenses Volunteer labor	Yes%	□ No	No	
	7 8	Other direct expenses	Yes%           No           16 5 in column (d)           7 from line 1, column (d)	No No	<u>No</u>	
	7 8 Ent	Other direct expenses	Yes% No No from line 1, column (d) ucts gaming activities:	□ No	No	
а	7 8 Ent	Other direct expenses	Yes % No	No No	No	
a b 0a	7 Ent Ist	Other direct expenses	Yes% No No from line 1, column (d) ucts gaming activities: activities in each of these s	states?	□ No	Yes N
a b Da	7 Ent Ist	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	Yes% No No from line 1, column (d) ucts gaming activities: activities in each of these s	states?	□ No	Yes N
a b	7 Ent Ist	Other direct expenses	Yes% No No from line 1, column (d) ucts gaming activities: activities in each of these s	states?	□ No	Yes N

Sch	edule G (Form 990) 2022	MURPHY-HARPST	CHILDREN'S	CENTERS,	INC. 58-	1543388	Page 3
11	Does the organization conduct ga	aming activities with nonmem	bers?			Yes	No
12	Is the organization a grantor, ben						
13	to administer charitable gaming? Indicate the percentage of gaming					Yes	└── No
	The organization's facility					13a	%
	An outside facility						%
	Enter the name and address of th						
	Name						
	Address						
15a	Does the organization have a con	tract with a third party from v	vhom the organizatior	n receives gaming	revenue?	Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received by the o	organization \$ _		and the amount		
	of gaming revenue retained by the	e third party \$					
С	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	5 5 1	·					
	Description of services provided						
	Director/officer	Employee	Independent co	ntractor			
17	Mandatory distributions:						
а	Is the organization required under	r state law to make charitable	distributions from the	e gaming proceeds	s to	<b>—</b>	<b>—</b>
h	retain the state gaming license?					Yes	└── No
D	<ul> <li>Enter the amount of distributions organization's own exempt activit</li> </ul>	•	e distributed to other	exempt organizati	ons or spent in the		
Pa		mation. Provide the explan	nations required by Pa	art I, line 2b, colurr	ins (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide any	additional information	n. See instructions	5.		
23208	33 10-27-22		33		Sche	dule G (Form	990) 2022

Schedule G (Form 990)         MURPHY-HARPST CHILDREN'S CENTERS, INC.         58-1543388         Page           Part IV         Supplemental Information (continued)	Schedule G (Form 99	0)	MURPHY-HARPST	CHILDREN'S	CENTERS,	INC.	58-1543388	Page 4
	Part IV Supple	emental Infor	mation (continued)					
Schedule G (Form 9	232084 04-01-22						Schedule G (F	orm 990)

SCHEDULE I (Form 990) Department of the Treasury		Go	rants and Oth vernments, an ete if the organization	d Individual	<b>Is in the Uni</b> on Form 990, Pa	ted States		OMB No. 1545-0047 2022 Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organizat	ion							Employer identification numbe
	MURPHY-HA	RPST CHIL	DREN'S CENTI	ERS, INC.				58-1543388
Part I General Ir	nformation on Grants a	nd Assistance						
1 Does the organiz	zation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to a	award the grants or assis	stance?						Yes X N
	IV the organization's pro		<u>u</u>					
	d Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient t	hat received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.	(f) Mathad of	1	I
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ALLOWANCES	0	0.	5,986.		
BEHAVIOR MANAGEMENT	0	0.	2,567.		
CLOTHING	0	0.	22,590.		
CONTRIBUTED ITEMS	514	0.	148,107.	DONOR DECLARATION	SEE SCHEDULE M FOR DETAIL
GIFTS - BIRTHDAY, CHRISTMAS	0	0.	12,599.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

58-1543388

Page 2

	ST CHILDREN'S				58-1543388 Pag
Part III Continuation of Grants and Other Assistance to	Domestic Individuals	(Schedule I (Form 99 I	90), Part III.)		
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	( <b>c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NYGIENE & HAIR CARE	0.	0.	7,175.		
MEDICAL/DENTAL/MEDICINE	0.	0.	11,181.		
MISCELLANEOUS SPECIAL ASSISTANCE	0.	0.	15,804.		
SCHOOL SUPPLIES/FEES	0.	0.	1,817.		
			1,017.		
WORK/INDEPENDENT LIVING PROGRAM	0.	0.	7,877.		
SPECIAL EVENTS	0.	0.	9,402.		
			5,402.		

Schedule I (Form 990)

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		mber
		MURPHY-HARPST CHILDREN'S CENTERS, INC.	58-	154338	8	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.	_			
	First-class or c					
		Travel for companions Payments for business use of personal resider				
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffe	ur, chet)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~	•			<u>1b</u>		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	and of the following the experimetion used to establish the componentian of the experimetion?	_			
3		ny, of the following the organization used to establish the compensation of the organization?				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant $X$ Compensation survey or study				
	X Form 990 of o		committoo			
			Johnnittee			
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					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
c	-	eive payment from an equity-based compensation arrangement?				x
-	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
b		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n <b>990</b> )	) 2022

232111 10-18-22

Schedule J (Form 990) 2022

#### MURPHY-HARPST CHILDREN'S CENTERS, INC. 58-1543388

#### 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>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
<b>(A)</b> Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL SCOTT MERRITT	(i)	156,843.	0.	0.	4,740.	7,820.	169,403.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### 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.

Schedule J (Form 990) 2022

SCHED	<b>ULE M</b>
(Form 9	990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

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

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

Name of the organization

## MURPHY-HARPST CHILDREN'S CENTERS, INC.

Employer identification number

∕

	MURPHY-HARPS'	T CHILI	DREN'S CEN	NTERS, INC.	58-1	543	388	
Par	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		16,951.	DONOR DECLA	RAT	ION	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	40,824.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	77	1.05	00.040	DONOD DEGLA	<u></u>		
25	Other ( <u>HOLIDAY GIFTS</u> )	X	125		DONOR DECLA			
26	Other ( <u>FURNITURE/DECOR</u> ) Other ( <u>RECREATION</u> )	X X	2		DONOR DECLA DONOR DECLA			
27		X	140		DONOR DECLA			
<u>28</u> 29					DONOR DECIN	LAI.		
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	55, Part V, D	onee Acknowledg	ement 29			Yes	No
200	During the year did the ergenization receive h	( contributio	n ony proporty rop	orted in Dart L lines 1 through	h 29 that it		162	No
30a	During the year, did the organization receive by must hold for at least 3 years from the date of t		• • • • •					
						30a		х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a		
ы 31	Does the organization have a gift acceptance p	olicy that re	ouires the review (	of any nonstandard contribut	ions?	31		x
	Does the organization have a gift acceptance p Does the organization hire or use third parties of		•					
JZa			•			32a		x
h	contributions?					020		

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

 Schedule M (Form 990) 2022
 MURPHY-HARPST
 CHILDREN'S
 CENTERS,
 INC.
 58-1543388
 Page 2

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

PART I, OTHER TYPES OF PROPERTY:

SCHOOL SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 39

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3166.

(D) METHOD OF DETERMINING REVENUE: DONOR DECLARATION

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION DOCUMENTS ALL IN-KIND CONTRIBUTIONS FOR PROPER

RECORDING OF NON-CASH CONTRIBUTIONS.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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



58-1543388

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MURPHY-HARPST CHILDREN'S CENTERS

IT IS THE MISSION OF MURPHY-HARPST TO PROVIDE A SAFE AND NURTURING

ENVIRONMENT WHERE SEVERELY ABUSED AND NEGLECTED CHILDREN CAN THRIVE AND

HEAL TOWARD A GOAL OF RE-ENGAGING WITH SOCIETY AND LEADING PRODUCTIVE

LIVES. IN ADDITION TO RESIDENTIAL CARE AND TREATMENT, THE AGENCY

PROVIDES THERAPEUTIC FOSTER CARE, COMMUNITY MENTAL HEALTH SERVICES AND

AN ON-CAMPUS SCHOOL. MURPHY-HARPST IS FULLY LICENSED IN GEORGIA AND

HAS NATIONAL ACCREDITATION FROM CARF INTERNATIONAL (COMMISSION ON

ACCREDITATION OF REHABILITATION FACILITIES), AN INDEPENDENT, NONPROFIT

ACCREDITOR OF HEALTH AND HUMAN SERVICES. THE RESIDENTIAL PROGRAMS

ENJOY A WIDE RANGE OF SUPPORT PROGRAMS INCLUDING RECREATIONAL, EQUINE,

EDUCATIONAL, INDEPENDENT LIVING, VOCATIONAL, SPIRITUAL LIFE AND

COMMUNITY ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY BOARD MEMBERS AT A QUARTERLY BOARD MEETING BEFORE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND OFFICERS ARE ASKED TO SIGN A CONFLICT OF INTEREST

STATEMENT ANNUALLY AND THESE ARE REVIEWED FOR COMPLIANCE. THE

ORGANIZATION'S POLICIES REGARDING CONFLICT OF INTEREST ARE CLEAR AND

FOLLOWED CONSCIENTIOUSLY. THE CLARITY OF THE POLICIES HAS THUS FAR

PREVENTED CASES OF CONFLICT OF INTEREST, AND THE ORGANIZATION DOES NOT SEE

 THAT CHANGING AT ALL IN THE FUTURE. THE ORGANIZATION BELIEVES IT IS SMALL

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 232211

13500507 794202 60-01235.000

43

Name of the organization MURPHY-HARPST CHILDREN'S CENTERS, INC.	Employer identification number 58-1543388
ENOUGH TO MONITOR THIS INFORMALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD SETS THE COMPENSATION ANNUALLY FOR THE CEO.	FOR OTHER TOP
MANAGEMENT, THE CEO CAN SET THE COMPENSATION AMOUNT IF	
ACCEPTABLE AND BUDGETED LIMITS. IF THE AMOUNT DOES NOT	
BOARD APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC IN	ISPECTION UPON REQUEST
AS WELL AS ON GUIDESTAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STAT	EMENTS, AND FORM 990
ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FOSTER CARE FEES:	
PROGRAM SERVICE EXPENSES	606,799.
MANAGEMENT AND GENERAL EXPENSES	90,359.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	697,158.
MEDICAL, PSYCHIATRIC AND OTHER FEES:	
PROGRAM SERVICE EXPENSES	127,512.
MANAGEMENT AND GENERAL EXPENSES	18,988.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,500.

Schedule O (Form 990) 202 Name of the organization	MURPHY-HARPST CHILDREN'S CENTERS, INC.	Employer identification number 58-1543388
CONSULTING ANI	D RELATED FEES:	
PROGRAM SERVIO	CE EXPENSES	226,083.
MANAGEMENT ANI	O GENERAL EXPENSES	33,666.
FUNDRAISING EX	KPENSES	0.
TOTAL EXPENSES	3	259,749.
TOTAL OTHER FI	EES ON FORM 990, PART IX, LINE 11G, COL A	1,103,407.
FORM 990, PAR	F XII, LINE 2C:	
THERE WERE NO	CHANGES IN THE OVERSIGHT PROCESS OR SELEC	TION PROCESS
FROM PRIOR YEA	AR.	

## 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.

Name of the organization

Department of the Treasury Internal Revenue Service

(Form 990)

#### MURPHY-HARPST CHILDREN'S CENTERS, INC.

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

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

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 Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
UNITED METHODIST CHURCH - 13-5562279							
475 RIVERSIDE DRIVE							
NEW YORK, NY 10115	CHURCH ORGANIZATION	NEW YORK	501(C)(3)	LINE 1	N/A		х
GEORGIA UNITED METHODIST FOUNDATION -							
58-1569830, PO BOX 922087, PEACHTREE							
CORNERS, GA 30010	CHURCH ORGANIZATION	GEORGIA	501(C)(3)	LINE 1	N/A		X

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

22 **Open to Public** Inspection

Employer identification number

58-1543388

232161 09-14-22 LHA

### Schedule R (Form 990) 2022 MURPHY-HARPST CHILDREN'S CENTERS, INC.

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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.

(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 sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI Gener amount in box 20 of Schedule		eral or aging tner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
										+		
	1											
	4											
	4											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	l contr	i) tion b)(13) folled ity?
		country)		01 11 03 0		235013		Yes	No

### Schedule R (Form 990) 2022 MURPHY-HARPST CHILDREN'S CENTERS, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			4
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
UNITED METHODIST CHURCH (UNITED METHODIST (1) WOMEN)	С	27,834.	FMV
(2) GEORGIA UNITED METHODIST FOUNDATION	N	2,400,353.	FMV
(3)			
(4)			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2022 MURPHY-HARPST CHILDREN'S CENTERS, 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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h Dispr tior alloca <b>Yes</b>	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn <b>Yes</b>	l or Percel <sup>ing</sup> r? owne	<b>k)</b> entage ership

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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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232165 09-14-22