

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CHILDREN, INCORPORATED Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11513 ALLECINGIE PARKWAY City or town, state or province, country, and ZIP or foreign postal code NORTH CHESTERFIELD, VA 23235 | D Employer identification number 54-0761510 E Telephone number 804-359-4562 |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | G Gross receipts \$ 3,825,289. |
| J Website: ▶ WWW.CHILDRENINCORPORATED.ORG | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1964 M State of legal domicile: VA |
| F Name and address of principal officer: RONALD H. CARTER SAME AS C ABOVE | | |
| H(c) Group exemption number ▶ | | |

Part I Summary

| | | | |
|------------|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: TO PROVIDE FUNDING TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED CHILDREN. | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 18 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 261 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 5,332,966. | 3,351,564. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 82,446. | 29,648. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0. | 291,732. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,415,412. | 3,672,944. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 2,367,501. | 2,328,301. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 914,278. | 814,112. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 324,883. | 0. | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 888,109. | 674,505. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,169,888. | 3,816,918. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,245,524. | -143,974. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 5,925,335. | 6,876,150. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 32,762. | 316,570. |
| | | 5,892,573. | 6,559,580. |

Part II Signature Block

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

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer RONALD H. CARTER, PRESIDENT AND CEO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name JENNIFER R. FILES, CPA | Preparer's signature JENNIFER R. FILES, C |
| | Firm's name ▶ YOUNT, HYDE & BARBOUR, P.C. | Date 11/14/17 |
| | Firm's address ▶ P.O. BOX 2560 WINCHESTER, VA 22604-1760 | Check if self-employed <input type="checkbox"/> PTIN P01275752 |
| | | Firm's EIN ▶ 54-1149263 |
| | | Phone no. 540-662-3417 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ARRANGE AND PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,262,167. including grants of \$ 2,328,301.) (Revenue \$) ARRANGING AND PROVIDING FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF APPROXIMATELY 20,000 IMPOVERISHED CHILDREN IN 300 LOCATIONS, HALF IN THE UNITED STATES AND HALF IN OTHER COUNTRIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,262,167.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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> | X | |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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? <i>If "Yes," complete Schedule J</i> | | X |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA, AK, AL, AZ, CA, CT, FL, IL, MA, MD, ME, MI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ORGANIZATION - 804-359-4562 11513 ALLECINGIE PARKWAY, NORTH CHESTERFIELD, VA 23235

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CAROLYN BROWN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) LYNN L. CLAYTON SECRETARY | 3.00 | X | | X | | | 0. | 0. | 0. | |
| (3) ELIZABETH COLLINS CHAIR | 5.00 | X | | X | | | 0. | 0. | 0. | |
| (4) KESIA GWALTNEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) SHANTELL MALACHI VICE-CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (6) VICTOR ROGERS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) KINDALL A. STEVENSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) ALLYSON PETTY WIGGINS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) JOHN CERRETO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) RONALD C. CARTER PRESIDENT AND CEO | 40.00 | | | X | | | 85,055. | 0. | 0. | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 85,055. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 85,055. | 0. | 0. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|---|---------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 3,351,564. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 3,351,564. | | | | |
| Program Service Revenue | 2 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 15,255. | | | 15,255. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 166,738. | | | | | |
| | | b Less: cost or other basis and sales expenses | | 149,845. | 2,500. | | |
| | | c Gain or (loss) | | 16,893. | -2,500. | | |
| | d Net gain or (loss) | | 14,393. | 14,393. | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a CHANGE IN VALUATION AL | 900001 | 212,621. | 212,621. | | | | |
| | b CHG IN VALUE OF BENEF | 900001 | 79,111. | 79,111. | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | 291,732. | | | | |
| 12 Total revenue. See instructions. | | 3,672,944. | 306,125. | 0. | 15,255. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,008,647. | 1,008,647. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,319,654. | 1,319,654. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 78,850. | 19,712. | 27,597. | 31,541. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 598,839. | 477,943. | 66,691. | 54,205. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 86,385. | 63,436. | 12,019. | 10,930. |
| 10 Payroll taxes | 50,038. | 36,745. | 6,962. | 6,331. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 192,092. | | | 192,092. |
| 13 Office expenses | 56,701. | 42,526. | 11,340. | 2,835. |
| 14 Information technology | 76,059. | 57,044. | 15,212. | 3,803. |
| 15 Royalties | | | | |
| 16 Occupancy | 10,675. | 8,006. | 2,135. | 534. |
| 17 Travel | 25,357. | 21,553. | 2,536. | 1,268. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 139,381. | 104,536. | 27,876. | 6,969. |
| 23 Insurance | 16,808. | 12,606. | 3,362. | 840. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROFESSIONAL FEES | 71,292. | 53,469. | 14,258. | 3,565. |
| b BANK AND CREDIT CARD FE | 52,387. | 10,973. | 33,131. | 8,283. |
| c OTHER EXPENSES | 19,807. | 14,857. | 3,960. | 990. |
| d UTILITIES | 11,786. | 8,840. | 2,357. | 589. |
| e All other expenses | 2,160. | 1,620. | 432. | 108. |
| 25 Total functional expenses. Add lines 1 through 24e | 3,816,918. | 3,262,167. | 229,868. | 324,883. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,588,035. | 1 | 2,471,816. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 515. | 4 | 5,545. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 6,678. | 9 | 10,998. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,212,273. | | |
| | b Less: accumulated depreciation | 10b 377,776. | | |
| | 11 Investments - publicly traded securities | 898,736. | 10c | 834,497. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,431,371. | 11 | 2,491,415. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 14 | 1,061,879. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,925,335. | 15 | 6,876,150. | |
| Liabilities | 17 Accounts payable and accrued expenses | 14,797. | 16 | 288,893. |
| | 18 Grants payable | | 17 | |
| | 19 Deferred revenue | | 18 | |
| | 20 Tax-exempt bond liabilities | | 19 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 17,965. | 24 | 27,677. |
| | 26 Total liabilities. Add lines 17 through 25 | 32,762. | 25 | 316,570. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | 26 | |
| | 27 Unrestricted net assets | 4,460,006. | 27 | 4,087,048. |
| | 28 Temporarily restricted net assets | 860,220. | 28 | 1,900,185. |
| | 29 Permanently restricted net assets | 572,347. | 29 | 572,347. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 5,892,573. | 33 | 6,559,580. |
| | 34 Total liabilities and net assets/fund balances | 5,925,335. | 34 | 6,876,150. |

Part XI Reconciliation of Net Assets

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

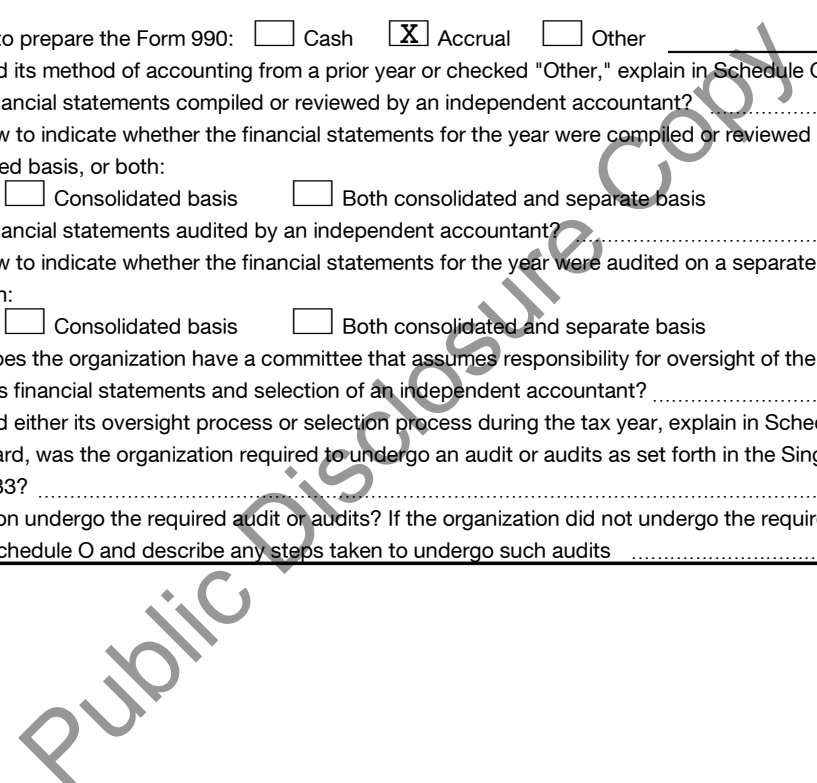
| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,672,944. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,816,918. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -143,974. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,892,573. |
| 5 | Net unrealized gains (losses) on investments | 5 | 26,895. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 784,086. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 6,559,580. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2016)



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **CHILDREN, INCORPORATED** Employer identification number **54-0761510**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
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| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,525,034. | 4,029,371. | 3,535,671. | 5,332,966. | 3,351,564. | 20,774,606. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 4,525,034. | 4,029,371. | 3,535,671. | 5,332,966. | 3,351,564. | 20,774,606. |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 20,774,606. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 4,525,034. | 4,029,371. | 3,535,671. | 5,332,966. | 3,351,564. | 20,774,606. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | 67,032. | 124,015. | 854. | -5,102. | 59,043. | 245,842. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 21,020,448. |

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.83 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 99.10 % |

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a 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.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

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? | | |
| 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). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) 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. | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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 (a) and (b) 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? 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. | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Disclosure Copy

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization CHILDREN, INCORPORATED **Employer identification number** 54-0761510

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, 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 organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 572,347. | 572,347. | 572,347. | 572,347. | 572,347. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 572,347. | 572,347. | 572,347. | 572,347. | 572,347. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 1,212,273. | | 377,776. | 834,497. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 834,497. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) BENEFICIAL INTERESTS IN CHARITABLE REMAINDER ANNUITY | |
| (2) TRUSTS | 1,061,879. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 1,061,879. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) OTHER CURRENT LIABILITIES | 27,677. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 27,677. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,699,839. Adjustments include net unrealized gains of 26,895. Final total revenue after adjustments is 3,672,944.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,816,918. Adjustments include donated services and prior year adjustments. Final total expenses after adjustments is 3,816,918.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: **CHILDREN, INCORPORATED**
Employer identification number: **54-0761510**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | | PROGRAM SERVICES | SEE SCHEDULE F PART V | 314,816. |
| EAST ASIA AND THE PACIFIC | 0 | | PROGRAM SERVICES | SEE SCHEDULE F PART V | 91,545. |
| MIDDLE EAST AND NORTH AFRICA | 0 | | PROGRAM SERVICES | SEE SCHEDULE F PART V | 0. |
| NORTH AMERICA | 0 | | PROGRAM SERVICES | SEE SCHEDULE F PART V | 30,785. |
| SOUTH AMERICA | 0 | | PROGRAM SERVICES | SEE SCHEDULE F PART V | 506,277. |
| SOUTH ASIA | 0 | | PROGRAM SERVICES | SEE SCHEDULE F PART V | 230,878. |
| SUBSAHARA AFRICA | 0 | | PROGRAM SERVICES | SEE SCHEDULE F PART V | 145,353. |
| 3 a Sub-total | 0 | 0 | | | 1,319,654. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 1,319,654. |

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

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | PHILIPPINES | CHILD SPONSORSHIP | 30,751. | WIRE TRANSFER | 0. | | |
| | | BOLIVIA | CHILD SPONSORSHIP | 261,830. | WIRE TRANSFER | 0. | | |
| | | PERU | CHILD SPONSORSHIP | 29,849. | WIRE TRANSFER | 0. | | |
| | | GUATEMALA | CHILD SPONSORSHIP | 100,415. | WIRE TRANSFER | 0. | | |
| | | KENYA | CHILD SPONSORSHIP | 107,260. | WIRE TRANSFER | 0. | | |
| | | LEBANON | CHILD SPONSORSHIP | 30,968. | WIRE TRANSFER | 0. | | |
| | | ARGENTINA | CHILD SPONSORSHIP | 12,610. | WIRE TRANSFER | 0. | | |
| | | BRAZIL | CHILD SPONSORSHIP | 43,151. | WIRE TRANSFER | 0. | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|-----------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CHILE | CHILD SPONSORSHIP | 59,600. | WIRE TRANSFER | 0. | | |
| | | COLOMBIA | CHILD SPONSORSHIP | 26,431. | WIRE TRANSFER | 0. | | |
| | | DOMINICAN REPUBLIC | CHILD SPONSORSHIP | 4,620. | WIRE TRANSFER | 0. | | |
| | | EL SALVADOR | CHILD SPONSORSHIP | 44,814. | WIRE TRANSFER | 0. | | |
| | | ETHIOPIA | CHILD SPONSORSHIP | 23,752. | WIRE TRANSFER | 0. | | |
| | | HONDURAS | CHILD SPONSORSHIP | 55,810. | WIRE TRANSFER | 0. | | |
| | | INDIA | CHILD SPONSORSHIP | 127,032. | WIRE TRANSFER | 0. | | |
| | | MEXICO | CHILD SPONSORSHIP | 27,748. | WIRE TRANSFER | 0. | | |
| | | NICARAGUA | CHILD SPONSORSHIP | 36,457. | WIRE TRANSFER | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|-------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | PARAGUAY | CHILD SPONSORSHIP | 19,906. | WIRE TRANSFER | 0. | | |
| | | SOUTH KOREA | CHILD SPONSORSHIP | 82,514. | WIRE TRANSFER | 0. | | |
| | | SRI LANKA | CHILD SPONSORSHIP | 19,350. | WIRE TRANSFER | 0. | | |
| | | URUGUAY | CHILD SPONSORSHIP | 2,954. | WIRE TRANSFER | 0. | | |
| | | COSTA RICA | CHILD SPONSORSHIP | 41,644. | WIRE TRANSFER | 0. | | |
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Public Disclosure Copy

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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Public Disclosure Copy

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

Public Disclosure Copy

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

Public Disclosure Copy

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **CHILDREN, INCORPORATED** Employer identification number **54-0761510**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|--|
| ALLEGHANY HIGH SCHOOL RT. 2, BOX 19 - TROJAN AVE. SPARTA, NC 28675 | 56-6000985 | 115(1) | 16,293. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| BATH COUNTY HIGH SCHOOL 645 CHENAULT DRIVE OWINGSVILLE, KY 40360 | 61-6001341 | 115(1) | 9,154. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| BATH COUNTY MIDDLE SCHOOL 335 W. MAIN ST. OWINGSVILLE, KY 40360 | 61-6001341 | 115(1) | 9,904. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| BEAVER CREEK ELEMENTARY SCHOOL 8000 HWY. 7 SOUTH TOPMOST, KY 41862 | 61-6001297 | 115(1) | 13,790. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| BELFRY HIGH SCHOOL, KY 27678 U.S. HWY. 119 N. BELFRY, KY 41514 | 61-6001345 | 115(1) | 12,661. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| BELFRY MIDDLE SCHOOL P.O. BOX 850 BELFRY, KY 41514 | 61-6001345 | 115(1) | 8,566. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |

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) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BREATHITT CO. HIGH SCHOOL 2307 BOBCAT LANE JACKSON, KY 41339 | 61-6001304 | 115(1) | 17,775. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| CARR CREEK ELEM. SCHOOL P.O. BOX 114 LIFT CARR, KY 41834 | 61-6001297 | 115(1) | 17,078. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| CORDIA COMBINED SHCOOL 6050 LOTTS CREEK RD. HAZARD, KY 41701 | 61-6001297 | 501(C)(3) | 6,246. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| CROSSROADS ELEMENTARY SCHOOL 4755 U.S. RT. 60 EAST OWINGSVILLE, KY 40360 | 61-6001341 | 115(1) | 6,236. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| DENNEHOTSO BOARDING SCHOOL P.O. BOX 2570 DENNEHOTSO, AZ 86535 | 14-0001849 | 501(C)(3) | 9,285. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| DZILTH COMMUNITY GRANT SCHOOL 35 ROAD 7585 #5003 BLOOMFIELD, NM 87413 | 14-0001849 | 501(C)(3) | 23,728. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| EAST RIDE HIGH SCHOOL 19471 LICK MOUNTAIN RD. LICK CREEK, KY 41540 | 61-6001345 | 115(1) | 6,247. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| EDEN ELEMENTARY P.O. BOX 1683 INEZ, KY 41224 | 61-6001302 | 115(1) | 9,630. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| EMMALENA ELEMENTARY SCHOOL P.O. BOX 123 EMMALENA, KY 41740 | 61-6001297 | 115(1) | 6,212. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FAIRVIEW INDEPENDENT SCHOOL 2127 MAIN STREET, WESTWOOD ASHLAND, KY 41102 | 61-6001260 | 501(C)(3) | 9,896. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| GLADE CREEK ELEMENTARY SCHOOL 32 GLADE CREEK SCHOOL RD. ENNICE, NC 28623 | 00-0300823 | 115(1) | 8,253. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| HAZARD INDEPENDENT SCHOOLS 601 BROADWAY HAZARD, KY 41701 | 61-6001412 | 501(C)(3) | 5,863. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| HERALD WHITAKER MIDDLE SCHOOL 221 HORNET DR. SALYERSVILLE, KY 41465 | 61-6001353 | 115(1) | 19,378. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| HINDMAN ELEMENTARY SCHOOL, KY P.O. BOX 816 HINDMAN, KY 41822 | 61-6001297 | 115(1) | 10,253. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| JOHNS CREEK ELEMENTARY SCHOOL 8302 META HWY. PIKEVILLE, KY 41501 | 61-6001345 | 115(1) | 10,617. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| JOHNSON CENTRAL HIGH SCHOOL 257 N. MAYO TRAIL PAINTSVILLE, KY 41240 | 61-6001343 | 115(1) | 5,863. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| KAYENTA COMMUNITY SCHOOL P.O. BOX 188 KAYENTA, AZ 86033 | 14-0001849 | 501(C)(3) | 6,979. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| KNOTT COUNTY CENTRAL HIGH SCHOOL 75 PATRIOT LANE HINDMAN, KY 41822 | 61-6001297 | 115(1) | 15,112. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| LAKE VALLEY BOARDING SCHOOL P.O. BOX 748 CROWNPOINT, NM 87313 | 85-0197413 | 501(C)(3) | 8,329. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| LBJ ELEMENTARY SCHOOL 90 LEJ RD. JACKSON, KY 41339 | 61-6600130 | 115(1) | 5,415. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MAGOFFIN CO. HIGH SCHOOL 201 HORNET DR. SALYERSVILLE, KY 41465 | 61-6001353 | 115(1) | 21,266. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MORGAN COUNTY HIGH SCHOOL 150 ROAD TO SUCCESS WEST LIBERTY, KY 41472 | 61-6001441 | 115(1) | 13,060. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MORGAN COUNTY MIDDLE SCHOOL P.O. BOX 256 WEST LIBERTY, KY 41472 | 61-6001441 | 115(1) | 7,081. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| PHELPS ELEMENTARY SCHOOL P.O. BOX 529 PHELPS, KY 41553 | 61-6001345 | 115(1) | 12,573. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| PHELPS HIGH SCHOOL P.O. BOX 131 PHELPS, KY 41553 | 61-6001345 | 115(1) | 11,387. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| PINEY CREEK ELEMENTARY SCHOOL 559 PINEY CREEK SCHOOL RD. PINEY CREEK, NC 28663 | 00-0302738 | 115(1) | 10,302. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| RED ROCK DAY SCHOOL P.O. DRAWER 2007 RED VALLEY, AZ 86544 | 85-0197413 | 501(C)(3) | 13,225. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SALYERSVILLE ELEMENTARY SCHOOL 204 HORNET DR. SALYERSVILLE, KY 41465 | 61-6001353 | 115(1) | 10,971. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| SEBASTIAN MIDDLE SCHOOL 244 LBJ RD. JACKSON, KY 41339 | 61-6001345 | 115(1) | 9,796. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| SHELBY VALLEY HIGH SCHOOL 125 DOUGLAS PARK PIKESVILLE, KY 41501 | 61-1195168 | 115(1) | 7,724. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| SHELDON CLARK HIGH SCHOOL P.O. BOX 1765 INEZ, KY 41224 | 61-6001302 | 115(1) | 12,791. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| SHONTO SCHOOL P.O. BOX 7900 SHONTO, AZ 86054 | 86-0827306 | 115(1) | 28,497. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| SOUTH MAGOFFIN ELEMENTARY SCHOOL, KY - 171 HALF MOUNTAIN RD. - SALYERSVILLE, KY 41465 | 61-6001353 | 115(1) | 5,748. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| SPARTA ELEMENTARY 450 N. MAIN ST. SPARTA, NC 28675 | 56-6000985 | 115(1) | 26,469. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| ST. MICHAELS SPECIAL ED SCHOOL P.O. BOX 100 ST. MICHAEL'S, AZ 86511 | 86-0224865 | 501(C)(3) | 11,732. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| TO'HAJIILEE COMMUNITY SCHOOL P.O. BOX 3438 LAGUNA, NM 87026 | 85-0197413 | 501(C)(3) | 6,502. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TUBA CITY BOARDING SCHOOL P.O. BOX 187 TUBA CITY, AZ 86045 | 85-0197413 | 501(C)(3) | 9,309. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| WARFIELD ELEMENTARY SCHOOL P.O. BOX 299 WARFIELD, KY 41267 | 61-6001302 | 115(1) | 10,984. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| WOLFE CO. HIGH SCHOOL P.O. BOX 460 CAMPTON, KY 41301 | 61-6001257 | 115(1) | 14,825. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| LEWIS CO. MIDDLE SCHOOL P.O. BOX 99 VANCEBURG, KY 41179 | 61-6001370 | 115(1) | 5,059. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MANY FARMS COMMUNITY SCHOOL P.O. BOX 70 MANY FARMS, AZ 86538 | 26-2582636 | 501(C)(3) | 9,186. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| VALLEY ELEMENTARY SCHOOL 163 DOUGLAS PARKWAY PIKEVILLE, KY 41501 | 61-6001345 | 115(1) | 9,246. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MORGAN CENTRAL ELEMENTARY 3201 HWY 460 WEST WEST LIBERTY, KY 41472 | 61-6001441 | 115(1) | 5,879. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MORRIS JEFF COMMUNITY SCHOOL P.O. BOX 792800 NEW ORLEANS, LA 70179 | 72-1317054 | 501(C)(3) | 5,475. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| NORTH MAGOFFIN ELEMENTARY 1991 HWY 460 W SALYERSVILLE, KY 41465 | 61-6001353 | 115(1) | 6,264. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BOWMAN MIDDLE SCHOOL 410 S. MITCHELL AVE. BACKERSVILLE, NC 28705 | 56-6001075 | 115(1) | 6,659. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| BOYD COUNTY MIDDLE SCHOOL 12307 MIDLAND TRAIL ASHLAND, KY 41102 | 61-6001260 | 115(1) | 6,068. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| CARVER STEM ACADEMY 18701 PAUL ST. DETROIT, MI 48228 | 38-3257060 | 501(C)(3) | 6,395. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| ENCORE ACADEMY P.O. BOX 792800 NEW ORLEANDS, LA 70179 | 72-1317054 | 501(C)(3) | 14,427. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MARIANO LAKE COMMUNITY SCHOOL P.O. BOX 787 CROWNPOINT, NM 87313 | 85-0197413 | 501(C)(3) | 8,294. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MARTIN COUNTY MIDDLE SCHOOL P.O. BOX 63 ROUTE 40 WARFIELD, KY 41267 | 61-6001302 | 115(1) | 9,579. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| VALLE CRUCIS ELEMENTARY SCHOOL 2998 BROADSTONE RD SUGAR GROVE, NC 28679 | 56-6001130 | 115(1) | 5,852. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| BLACKBERRY ELEMENTARY SCHOOL 40 BIG BLUE SPRINGS RD RANSOM, KY 41558 | 61-6001345 | 115(1) | 5,118. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| HANNA DLI COMMUNITY SCHOOL P.O. BOX 639 BLOOMFIELD, NM 87413 | 85-0463710 | 501(C)(3) | 11,806. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NA' NEELZHIIN JI OLTA' COMMUNITY SCHOOL - HCR 79, BOX 09 - CUBA, NM 87013 | 87-0785243 | 501(C)(3) | 8,553. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| MENIFEE HIGH SCHOOL 119 INDIAN CREEK RD FRENCHBURG, KY 40322 | 61-6001279 | 115(1) | 6,376. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| SWAIN MIDDLE SCHOOL 135 ARLINGTON AVE BRYSON CITY, NC 28713 | 46-2397812 | 115(1) | 5,146. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| CAMPTON ELEMENTARY SCHOOL 1750 KY HIGHWAY 715 ROGERS, KY 41365 | 61-6001257 | 115(1) | 7,534. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| PINON COMMUNITY SCHOOL P.O. BOX 159 PINON, AZ 86510 | 86-0615622 | 501(C)(3) | 9,839. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| LAKE VIEW/DESERT VIEW ELEMENTARY P.O. BOX 1927 PAGE, AZ 86040 | 86-0592832 | 115(1) | 12,470. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| JOHNSON COUNTY MIDDLE SCHOOL 251 N MAYO TRAIL PAINTSVILLE, KY 41240 | 61-6001343 | 115(1) | 5,357. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| EAST VALLEY ELEMENTARY SCHOOL 7585 HIGHWAY 172 WEST LIBERTY, KY 41472 | 61-6001441 | 115(1) | 5,126. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
| SUCCESS PREPARATORY ACADEMY P.O. BOX 792800 NEW ORLEANS, LA 70179 | 72-1317054 | 501(C)(3) | 5,419. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| LUCY ELLEN MOTEN ELEMENTARY SCHOOL 1565 MORRIS ROAD, SE WASHINGTON, DC 20020 | 53-6001131 | 115(1) | 5,891. | 0. | | | PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS |
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Public Disclosure Copy

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHANY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED

NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BATH COUNTY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED

NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS

Part IV Supplemental Information

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BATH COUNTY MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BEAVER CREEK ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY HIGH SCHOOL, KY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BREATHITT CO. HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CARR CREEK ELEM. SCHOOL

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CORDIA COMBINED SHCOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CROSSROADS ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: DENNEHOTSO BOARDING SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: DZILTH COMMUNITY GRANT SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: EAST RIDE HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EDEN ELEMENTARY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: EMMALENA ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: FAIRVIEW INDEPENDENT SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: GLADE CREEK ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: HAZARD INDEPENDENT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: HERALD WHITAKER MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED

Part IV Supplemental Information

NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: HINDMAN ELEMENTARY SCHOOL, KY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: JOHNS CREEK ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: JOHNSON CENTRAL HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: KAYENTA COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: KNOTT COUNTY CENTRAL HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LAKE VALLEY BOARDING SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: LBJ ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MAGOFFIN CO. HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MORGAN COUNTY HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MORGAN COUNTY MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: PHELPS ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS

Part IV Supplemental Information

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: PHELPS HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: PINEY CREEK ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: RED ROCK DAY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SALYERSVILLE ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTIAN MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SHELBY VALLEY HIGH SCHOOL

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SHELDON CLARK HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SHONTO SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH MAGOFFIN ELEMENTARY SCHOOL, KY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SPARTA ELEMENTARY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: ST. MICHAELS SPECIAL ED SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TO'HAJIILEE COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: TUBA CITY BOARDING SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: WARFIELD ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: WOLFE CO. HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: LEWIS CO. MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MANY FARMS COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED

Part IV Supplemental Information

NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: VALLEY ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MORGAN CENTRAL ELEMENTARY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MORRIS JEFF COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: NORTH MAGOFFIN ELEMENTARY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BOWMAN MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BOYD COUNTY MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CARVER STEM ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: ENCORE ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MARIANO LAKE COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MARTIN COUNTY MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: VALLE CRUCIS ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS

Part IV Supplemental Information

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BLACKBERRY ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: HANNA DLI COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT:

NA' NEELZHIIN JI OLTA' COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MENIFEE HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SWAIN MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CAMPTON ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: PINON COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: LAKE VIEW/DESERT VIEW ELEMENTARY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: JOHNSON COUNTY MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: EAST VALLEY ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SUCCESS PREPARATORY ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS

Part IV Supplemental Information

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: LUCY ELLEN MOTEN ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

Public Disclosure Copy

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **CHILDREN, INCORPORATED** Employer identification number **54-0761510**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 25 | 14,868. | AUCTION PRICES |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 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 | | | | |
| 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 | | | | |
| 25 Other ▶ (..... | | | | |
| 26 Other ▶ (..... | | | | |
| 27 Other ▶ (..... | | | | |
| 28 Other ▶ (..... | | | | |

Public Disclosure Copy

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 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) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

CHILDREN, INCORPORATED

Employer identification number

54-0761510

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

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THAT AUDITED THE FINANCIAL STATEMENTS. IT WAS REVIEWED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF CHILDREN, INCORPORATED, AND THE BOARD OFFICERS.

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

CHILDREN, INCORPORATED REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE BOARD IS SMALL, AND MONITORING CONSISTS OF REGULAR DISCUSSIONS AND REVIEW OF TRANSACTIONS BY THE BOARD CHAIR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD CHAIR AND VICE CHAIR EVALUATE THE PERFORMANCE OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ANNUALLY. HIS COMPENSATION IS BASED ON AN EVALUATION OF FACTS AND CIRCUMSTANCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

VA, AK, AL, AZ, CA, CT, FL, IL, MA, MD, ME, MI, MN, NC, ND, NH, NJ, NY, OH, OK, OR, PA, RI, SC, TX
UT, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

CHILDREN, INCORPORATED MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. IT ALSO MAKES ITS FINANCIAL STATEMENTS AND FORM 990 AVAILABLE AT WWW.CHILDRENINCORPORATED.ORG.

| | |
|--|--|
| Name of the organization CHILDREN, INCORPORATED | Employer identification number 54-0761510 |
|--|--|

FORM 990, PART XII, LINE 2C:

THERE WERE NO CHANGES TO ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Public Disclosure Copy