Department of the Treasury Internal Revenue Service

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

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



AF	or the	2017 calendar year, or tax year beginning $JUL I$, ZUI / and	ending J	UN 30, 2018					
B C	heck if oplicable	C Name of organization		D Employer identifie	cation number				
	Addres:	CHILDREN, INCORPORATED							
	Name change	Doing business as		**-**1510					
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 11513 ALLECINGIE PARKWAY	E Telephone number 804-	, 359-4562					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,886,043.				
	Amende			H(a) Is this a group re					
	Applica	IF Name and address of principal officer: NONALD II. CARTER		for subordinates					
	pending	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
ΙΤ	ax-exe	mpt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) (or 📃 527	If "No," attach a	list. (see instructions)				
		e: WWW.CHILDRENINCORPORATED.ORG		H(c) Group exemption					
K F	orm of o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1964 N	State of legal domicile: VA				
Pa		Summary							
ø	1 E	Briefly describe the organization's mission or most significant activities: $[TO]$ Al	RRANGE	AND PROVID	E FUNDING				
anc		TO MEET THE BASIC AND EDUCATIONAL NEEDS (
Activities & Governance	2 (Check this box $ig > \big \square$ if the organization discontinued its operations or disposed on the transmission of transmission of the transmission of tran	sed of more	than 25% of its net as	sets.				
Š	3 N	Number of voting members of the governing body (Part VI, line 1a)		3	10				
8		Number of independent voting members of the governing body (Part VI, line 1b) $_{\perp}$			10				
ies	5 T	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a) \dots	?.	5	16				
ivit		Total number of volunteers (estimate if necessary)	U	6	256				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b١	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.				
				Prior Year	Current Year				
e		Contributions and grants (Part VIII, line 1h)		3,351,564.	3,618,768.				
Revenue		Program service revenue (Part VIII, line 2g)		0.					
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		29,648.	66,195.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		291,732.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,672,944.	3,684,963.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,328,301.	2,132,956.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 814,112.					
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.4,112.	844,277.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Щ.		Total fundraising expenses (Part IX, column (D), line 25) 333, 64							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		674,505.	661,065.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,816,918.	3,638,298.				
<u>_ v</u>	19 F	Revenue less expenses. Subtract line 18 from line 12		-143,974.	46,665.				
ts or ances			Be	ginning of Current Year 6,876,150.	End of Year				
sset Balai		Fotal assets (Part X, line 16)	······		6,985,921.				
ind A		Fotal liabilities (Part X, line 26)	······	316,570.	341,480.				
고근		Net assets or fund balances. Subtract line 21 from line 20		6,559,580.	6,644,441.				

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	Print/Type preparer's name JENNIFER R. FILES, CPA JENNIFER R. FII	$\begin{array}{c c} & & \\ \hline Date & \\ LES, C11/07/18 \\ self-employed \\ \hline P01275752 \end{array}$
Preparer	Firm's name VOUNT, HYDE & BARBOUR, P.C.	Firm's EIN **-***9263
Use Only	Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760	Phone no.540-662-3417
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions. Form 990 (2017)

Form	1990 (2017) CHILDREN, INCORPORATED	**-***1510	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	TO ARRANGE AND PROVIDE FUNDING FOR SUPPLIES AND SERVICES	S TO MEET T	HE
	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?	Ye	es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expens	es.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		5, 4114
4-		•	
4a	(Code:)(Expenses \$ 3,092,600. including grants of \$ 2,132,956.) (Revenu ARRANGING AND PROVIDING FUNDING FOR SUPPLIES AND SERVICE		mite
			106
	BASIC AND EDUCATIONAL NEEDS OF APPROXIMATELY 20,000 IMPO		
	CHILDREN IN 300 LOCATIONS, HALF IN THE UNITED STATES ANI	D HALF IN O	THER
	COUNTRIES.		
4b	(Code:) (Expenses \$) (Revenue	ie \$	
	V		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,092,600.		
		Form	990 (2017
3200	2 11-28-17		-
	2		
41	107 781823 49256500.0 2017.04030 CHTLDREN INCORPORAT	ED 491	256501
141	107 781823 49256500.0 2017.04030 CHILDREN, INCORPORAT	'ED 492	2565

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Form 990 (2017) CHILDREN, IN
Part IV Checklist of Required Schedules CHILDREN, INCORPORATED

	· · · · · · · · · · · · · · · · · · ·		V	
4	Is the examination deperihed in section $501(a)(2)$ or $4047(a)(1)$ (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	х	
2	If "Yes," complete Schedule A	1	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x
		19		, <u>∡</u> ⊾

Form **990** (2017)

Form	990	(2017)

CHILDREN, INCORPORATED

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			x
~~	Schedule L, Part I	25b		_ A
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28		21		- 23
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> 'Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N. Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

Part VI Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in the Part V Yes a Enter the number of Form W2G included in line 1a. Enter 0- if not applicable 1 1 1 b Enter the number of Form W2G included in line 1a. Enter 0- if not applicable 1 1 1 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) with or with the year covered by the relation of the set of the organization hears of a greater than 200, you may be comply with a tax returns? 16 X 2a Enter the number of an pipeyses reported or form W3. Transmittal of Wage and Tax Statements. 2a 1 16 X 3a Did the organization have unrekted business gross income of 31.000 or more during the year? 2a X 3b Did the organization have unrekted business gross income of 31.000 or more during the sayea? 3a X 4a Any time during the acadinary year, did the organization have an introst n. or a signature or other statholity over. a financial account if schedule 0 3a X 5a MX Sa X X X 5a MX Sa X X X X <t< th=""><th>Form</th><th>990 (2017) CHILDREN, INCORPORATED **-**1</th><th>510</th><th>Р</th><th>age 5</th></t<>	Form	990 (2017) CHILDREN, INCORPORATED **-**1	510	Р	age 5
Image: The second sec					
a Enter the number exported in Box 3 of Form 1096. Enter -0: I not applicable 1		Check if Schedule O contains a response or note to any line in this Part V			
a Enter the number exported in Box 3 of Form 1096. Enter -0: I not applicable 1				Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter-0 ¹ not applicable 10 <	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	
c Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? Image: Complexity of the comp					
Image billing winnings to prize winners? Image billing winnings to prize winners? Image billing b					
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 16 2b X If all least on the searched my within the year covered by this return. 2a 16 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b Dth the organization have unneedad business greats income of 15 (noo or more during the year)? 3a X 3b Tyes, 'hast filed a Form 90-17 for this year)? 16 (see instructions) 3a X 3c At any time during the catendary year, dth the organization have an infravation, no signature or other authority over, a francial account is previous on thing requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAF). 5a X 3c Do dary taxable party notify the organization have an time during the taxable tax shert transaction for file organization have annual gross receipts that are normally greater than 100,000, and file to organization solid any contributions that are orally or prohibited tax shert transaction or offs. 5a X b Tyes, ' did the organization neith every solicitation an express statement that such tax fibutions or gifts were not tax deductible as charitable contributions or gifts. 6b X 7 yes, ' did the organization notify the door of the value of the goods or greave tar provided? 7a	Ŭ		10	x	
It due to the calendar year anding with or within the year covered by this return 12 16 b If at least one is reported on the 2A, did the organization file al required tederal employment tax returns? 2a X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> file (see instructions) 3a X b If Yeas, 'nate the alendar year, did the organization have an interest In, or a signature or other authority over, a financial account is for line greater than 250, you may be required to <i>e</i> file (see instructions) 3a X b If Yeas, 'nater the name of the foreign county; b at bank account, securities account, ender the analy of the organization have an interest In, or a signature or other authority over, a financial account's (FEAR). 5a X b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and of the organization solid. 6a X b If Yeas, 'd tilt be organization include with every solidition an express statement that such carintal scalar bank accounts for the greanization receive approximation are organization are organization and tax deciduates a charitable contributions and envices provided? 6b 7a c If Yeas, 'd tilt be organization include with every solidition an express statement that such carintal scalar bank accounts for the greanization feere andita scalar bane bank accounts and the scalar bank accou	2a				
b If at least one is reported on line 2a, did the organization file all required to effe (see instructions) 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to effe (see instructions) 3a X b If "Yes," has it filed a form B00 T for this year? If "No." to line 3b, provide an explanation in Schedule O 3b X b If "Yes," has it filed a form B00 T for this year? If "No." to line 3b, provide an explanation or ther authority over, a 4a X b If "Yes," that is filed a form B00.T for this year? If "No." to line 3b, provide an explanation or toter authority over, a 4a X b If "Yes," there the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X Sa Max the organization have annual gross records applic to a prohibited tax sheler transaction at any time during the tax year? 5a X C Dod sho granization and enumular gross records that are normally greater than \$100,000, and full be organization set annual gross records that as sheler transactions? 5b C Di If "Nes," (d the organization line form B88617 C C C C Organization set annual gross records for finde parthy as a contributions orgits 6b C C C C C C	20				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If '''es', this file a Tem 360 Tor this year? If 'W'', to '' an 36, provide an explanation in Schodule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a conting country, L' 4a b If ''es', the state organization country, L' 5a X See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b U any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction: 5c X f I''es, ' did the organization include with every solictation and prohibited tax shelter transaction: 5c X f I''es, ' did the organization include with every solictation and party to a prohibited tax shelter transaction: 6a X b I' ''es, ' did the organization outfly de done of the solic of the goods or gravitor provided T 7a X f I''es, ' did the organization include with every solictation and parts tor goods and services provided to the part? 7a X f I' 'es, ' did the organization include accountip de goods or gravitor or provide? 7a X	h	······································		x	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit "Yes," this it liked a form 990 T for this year? if No," to line 8b, provide an explanation in Schedule 0 3b 3a bit "Yes," that it liked a form 990 T for this year? if No," to line 8b, provide an explanation or other authority over, a financial account i, a there for financial respective to a prohibited the scalar to respect to a prohibited the organization approximation approximating approximapproximapproximation approximapproximation approximati	5		20		
b If "Yes," has it filed a Form 990-T for this yea? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a toring country. 4a X b If "Yes," enter the name of the forsign country. 5a X See instructions for filing requirements for Finic FORI Porn 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction as old. 5a X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and field the organization solicit any contributions that may receive deductible contributions or offts were not tax deductible contributions and there tor goods and services provided to the paro? 7a X 7 Organizations that may receive deductible contributions and back tor goods and services provided to the paro? 7b 7b 7b 7 Organization neceve a anyment in excess of \$7b mate party as a contribution and here tor goods and services provided to the paro? 7c X 8 H "Yes," indicate the number of Forms 8282 filed	30		30		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 4a X b If "Yes," reture the name of the foreign country ≥ See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account? 5a X b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 6 Does the cignization have annual gross recipits that are normally greater than \$100,000, and the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts 6b X 9 If "Yes," did the organization notely apprent in excess of \$75 made party as contributions and broy for goods and services provided to the payor? 7a X 9 Dd the organization notely apprent in excess of \$75 made party as contributions on the year or tax deductible? 7a X 10 Dd the organization notely apprent in excess of \$75 made party as contribution and broy for goods and services provided to the payor? 7a X 10 Dd the organization necelve any funds, directly or indirectly, pays deminums on a personal benefit contract? 7c X 10 Dd the organization necelve any trunds, directly or indirectly, pays deminums on a personal benefit contract? 7t X <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b					
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b			-		
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a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Comparization is licensed to issue qualified health plans 13b Image: Comparization is licensed to issue qualified health plans 13b Image: Comparization receives on hand 13c Image: Comparization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Image: Comparization in Schedule O 14b			-		
Note. See the instructions for additional information the organization must report on Schedule O. Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is licensed to issue qualified health plans Image: Construction is constructed by the states in which the construction is constructed by the states in which the construction is constructed by the states in which the construction is constructed by the states in which the const					
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c Enter the amount of reserves on hand 13c Image: Comparison of the serves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Image: Comparison of the serves of	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b V			-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					V
					<u> ▲</u>
	b	It "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Schedule O		000	(00.17

Form 990	(2017)
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CHILDREN, INCORPORATED

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.

<u></u>	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
4.		1.	. 1	1	n	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	· -	a	⊥	4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent		b	1	n		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations				Ä		
2					2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under				2		
0	of officers, directors, or trustees, or key employees to a management company or other person?			•	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a				5		X
6	Did the organization become aware during the year of a significant diversion of the organization of the organization bave members or stockholders?				6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or				Ť		
74	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				14		
D	persons other than the governing body?	, 5100	RIIOIU		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	vear h	the fr	llowing.	10		
	The governing body?			-	8a	x	
					8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r			 ho	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal						
		11070		000.)		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such		tore	offiliatos	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bu				11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	buy b	eiore		114		
					12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			te ?	12a	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				120		
C					12c	x	
13	Did the organization have a written whistleblower policy?				13	X	
13 14	Did the organization have a written document retention and destruction policy?				14	X	-
1 4 15	Did the process for determining compensation of the following persons include a review and appro				14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			pendent			
~					15a	x	
	The organization's CEO, Executive Director, or top management official				15a		x
D	Other officers or key employees of the organization				150		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	nomor	st swith				
10a					16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				104		- 23
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the ord		•	•			
					166		
200	exempt status with respect to such arrangements?				16b		
	List the states with which a copy of this Form 990 is required to be filed \triangleright VA , AK , AL , AZ ,	C۵	СТ	<u> </u>		МЕ	. м.
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990						,
10	for public inspection. Indicate how you made these available. Check all that apply.	5) 1-0	ection	1 50 T(C)(5)S 0119	avallat	ле	
	X Own website Another's website Upon request Other (explain the control of the c	oin in	Schor	(u a, 0)			
10				,	nd finan		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	COLINI		neresi policy, al	iu iiiali	Cial	
20	State the name, address, and telephone number of the person who possesses the organization's l	hook	and	recorde:			
20	ORGANIZATION - 804-359-4562	JUUKS	anu	ecolus			
	11513 ALLECINGIE PARKWAY, NORTH CHESTERFIELD, VA	23	323	5			
2000				•	Form		(2017
3∠UU6	6 11-28-17 SEE SCREDULE O FOR FULL LIST OF STATES	•			TUII	1000	(2017
41	107 781823 49256500.0 2017.04030 CHILDREN, INC	ORP	ORA	TED	493	256	501

Part VII	Compensation of Officers,	Directors, Trustees	s, Key Employees,	Highest Compensate	d
	Employees, and Independe	ent 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 report-

able 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.

		l				npo	lioui			(E)
(A)	(B)			(C Pos	ر itior	'n		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per			ss pe nd a d				compensation	compensation	amount of
	week						,	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC)	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-10115C)	from the organization
		ustee	trust		ee	neur		(00-2/1099-00130)		and related
	organizations below	ual tr	ional		ploy	t con				organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EMILY H. MCDUFFIE	3.00	드	드	5	ž	포핑	2	$\langle \mathcal{O} \rangle$		
SECRETARY	5.00	x		x				0.	0.	0.
(2) ELIZABETH COLLINS	5.00							0.	•	0.
CHAIR	5.00	x		x		C		0.	0.	0.
(3) KESIA GWALTNEY	1.00					~	<u> </u>		• •	0.
DIRECTOR	1.00	x				2		0.	0.	0.
(4) SHANTELL MALACHI	1.00								••	0.
VICE-CHAIR	1.00	x		x				0.	0.	0.
(5) VICTOR ROGERS	1.00		-	1						
DIRECTOR		x	ĺ					0.	0.	0.
(6) KINDALL A. STEVENSON	1.00	<u> </u>								•••
DIRECTOR		x						0.	0.	0.
(7) ALLYSON PETTY WIGGINS	1.00									
TREASURER		x		x				0.	0.	0.
(8) GABRIELLE M. PEARMAN	1.00									
DIRECTOR		X						0.	0.	0.
(9) CHARLOTTE W. DEAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARTINA ALLEN	1.00									
DIRECTOR		X						0.	0.	0.
(11) RONALD C. CARTER	40.00									_
PRESIDENT AND CEO				Х				79,854.	0.	0.
		-								
		1								
		1								
732007 11-28-17			•			•				Form 990 (2017)

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-	990 (2017) CHILDREN									**_*	**1	510	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box	not c unle	ss pe	ition ^{more} rson	than o is botl pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
										4				
									C^{0}					
									^o					
							C							
1b	Sub-total)		79,854.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c))				0. 79,854.		0.			0.
2	Total number of individuals (including but n				d al	bove	e) wh	no re		0.000 of reportab	-			<u> </u>
	compensation from the organization						,			· •				0
3	Did the organization list any former officer,	director or tri	Istor	a ka	w on	nnlo	waa	or	highest companyated a	mplovee on	ſ		Yes	No
3	line 1a? If "Yes," complete Schedule J for \$								nignest compensated e			3		Х
4	For any individual listed on line 1a, is the su													х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		<u> </u>
	rendered to the organization? If "Yes," com					-			-			5		Х
	tion B. Independent Contractors									•				
1	Complete this table for your five highest con the organization. Report compensation for t	-									ipensa	ation f	rom	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C ompei	;) nsatio	n
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	nite	d to		se lis)	stec	above) who received n	nore than				
		· •										Form	990 (2	2017)

Form	990	(2017) CHILI	DREN, INC	ORPORATE	D		**-***1	510 Page 9
	rt VI							
		Check if Schedule O cont		or note to any lir	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Å, O		Fundraising events						
ar ,		Related organizations						
s, C		Government grants (contribut						
ion Si		All other contributions, gifts, grar						
hei		similar amounts not included abo		618,768.				
<u>i</u> Ę	g			•				
and	-	Total. Add lines 1a-1f			3,618,768.			
				Business Code				
ø	2 a							
vic	2 a b							
Program Service Revenue						•		
E a	с С							
gra Re	d)	
Pro	e 4							
_		All other program service reve						
-		Total. Add lines 2a-2f				$\mathbf{\cdot}$		
	3	Investment income (including			32,963,			32,963.
		other similar amounts)			52,505.			52,505.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal	6			
	6 a				\sim			
	b							
	С	(,						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	234,312,					
	b	Less: cost or other basis	201 004					
		and sales expenses	201,080.					
		Gain or (loss)			22.020			22.020
	d	Net gain or (loss)		····· •	33,232.			33,232.
en	8 a	Gross income from fundraisin						
/eni		including \$ contributions reported on line	of					
Be								
Other Revenue		Part IV, line 18						
Ę		Less: direct expenses						
_		Net income or (loss) from fund		····· •				
	9 a	Gross income from gaming a						
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gan	ning activities	►				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	es of inventory	🕨				
		Miscellaneous Revenu	le	Business Code				
[11 a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.		•	3,684,963.	0.	0.	66,195.
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Part IX Statement of Functional Expenses

CHILDREN, INCORPORATED

	Check if Schedule O contains a respons	<u> </u>			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	961,742.	961,742.		
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	1,171,214.	1,171,214.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	79,854.	19,963.	27,949.	31,94
6	Compensation not included above, to disqualified	/ 5 / 0 5 1 1	1373031	2775151	51/51
0					
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	631,934.	514,497.	64,184.	<u> </u>
7	Other salaries and wages	031,934.	514,49/•	04,104.	53,25
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	79,376.	59,601.	10,274.	9,50
0	Payroll taxes	53,113.	39,881.	6,875.	6,35
1	Fees for services (non-employees):		0.		
а	Management		50		
b	Legal				
с	Accounting				
	Lobbying		S		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	206,211.			206,21
3	Office expenses	69,915.	52,436.	13,983.	3,49
4	Information technology	43,974.	32,980.	8,795.	2,19
5	Royalties)			-
6	Occupancy	7,980.	5,985.	1,596.	39
7	Travel	27,279.	23,187.	2,728.	1,36
_	Payments of travel or entertainment expenses	_,,_,,,,	2072071		
8	for any federal, state, or local public officials				
~					
9	Conferences, conventions, and meetings				
0					
1	Payments to affiliates	152,982.	111 727	20 506	7 61
2	Depreciation, depletion, and amortization		114,737.	30,596.	7,64
3	Insurance	17,546.	13,160.	3,509.	87
4	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 0.)				
а	BANK AND CREDIT CARD FE	52,239.	21,013.	24,981.	6,24
b	PROFESSIONAL FEES	35,326.	26,495.	7,065.	1,76
с	OTHER EXPENSES	27,444.	20,583.	5,489.	1,37
d	UTILITIES	18,556.	13,917.	3,711.	92
e	All other expenses	1,613.	1,209.	323.	8
5	Total functional expenses. Add lines 1 through 24e	3,638,298.	3,092,600.	212,058.	333,64
<u>5</u> 6	Joint costs. Complete this line only if the organization	.,,	. , ,	,	
5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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

10 2017.04030 CHILDREN, INCORPORATED Form **990** (2017)

11 2017.04030 CHILDREN, INCORPORATED

CHILDREN, INCORPORATED

		Chaoly if Schodulo O contains a reasonance or note to any line in this Part V			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	_	Oracle and interact based on	2,471,816.	1	2,567,544.
	1	Cash - non-interest-bearing	2,4/1,010.	1	2,307,344.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,545.	3 4	49,516.
	4	Accounts receivable, net	5,545.	4	47,510.
	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		6	
Assets	7	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
Ase	7 8	Notes and loans receivable, net		8	
	9	Inventories for sale or use Prepaid expenses and deferred charges	10,998.	9	3,183.
		Land, buildings, and equipment: cost or other	10/5001	3	571051
			\mathbf{O}		
	h	basis. Complete Part VI of Schedule D10a1,334,186.Less: accumulated depreciation10b529,814.	834,497.	10c	804,372.
	11	Investments - publicly traded securities	2,491,415.	11	2,436,863.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	5	14	
	15	Other assets. See Part IV, line 11	1,061,879.	15	1,124,443.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,876,150.	16	6,985,921.
	17	Accounts payable and accrued expenses	316,570.	17	341,480.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part V of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	316,570.	26	341,480.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
ses		complete lines 27 through 29, and lines 33 and 34.			4 504 000
anc	27	Unrestricted net assets	4,087,048.	27	4,584,892.
Bal	28	Temporarily restricted net assets	1,900,185.	28	1,487,202.
pu	29	Permanently restricted net assets	572,347.	29	572,347.
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	6,559,580.	32	6,644,441.
	33	Total net assets or fund balances	6,876,150.	33	6,985,921.
	34	Total liabilities and net assets/fund balances	0,070,130.	34	Form 990 (2017)

Form **990** (2017)

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Form	1990 (2017) CHILDREN, INCORPORATED	**_***	1510	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
					<i>c</i> •
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,684		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,638		
3	Revenue less expenses. Subtract line 2 from line 1	3			65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,559		
5	Net unrealized gains (losses) on investments	5	-24	1,3	68.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	62	2,5	64.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	6,644	1,4	41.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant		. 2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3 b		
			Form	990	(2017)
	\sim				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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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.

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

	2017							
	Open to Public Inspection							
r	r identification number							

OMB No. 1545-0047

Nan	ne of the organization Employer identification number								
_			DREN, INCO						*-**1510
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	antial part of its support f	from a gov	ernmental	unit or from t	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or
		university:							
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investment
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)								
11		An organization organized a	and operated exclus	sively to test for public s	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		_ organization. You must c	complete Part IV, S	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	grated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must co r	nplete Part IV, Sections	s A and D,	, and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) lo the orga	nization listed			
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		inization listed ing document?	(v) Amount or	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 13

Total

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Schedule A (Form 990 or 990-EZ) 2017 CHILDREN, INCORPORATED

-*1510 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,029,371.	3,535,671.	5,332,966.	3,351,564.	3,618,768.	19,868,340.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,029,371.	3,535,671.	5,332,966.	3,351,564.	3,618,768.	19,868,340.
	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.						19,868,340.
	tion B. Total Support			0			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	4,029,371.	3,535,671.	5,332,966.	3,351,564.	3,618,768.	19,868,340.
	Gross income from interest,						
	dividends, payments received on			5			
	securities loans, rents, royalties,)			
	and income from similar sources	124,015.	854.	-5,102.	59,043.	32,963.	211,773.
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	C	\bullet				
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						20,080,113.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	98.95 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	98.83 %
16 a	33 1/3% support test - 2017. If the c	organization did no	ot check the box or	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
						dulo A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 CHILDREN, INCORPORATED

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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e	e) 2017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
2	Gross receipts from activities that							
3	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
_	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge				\sim			
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and				\sim			
	3 received from disqualified persons			0.				
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			5				
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(6	e) 2017	(f) Total
	Amounts from line 6	(,		(-/	(-) == · · -		<i>,</i> <u></u>	(1) 1 2 2 2 2 2
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	<	\mathcal{D}					
	and income from similar sources		•					
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	NO						
	Add lines 10a and 10b	<u> </u>						
	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							
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
		the execution	l	l rd fourth or fifth to	l	n 501/		ation
14	First five years. If the Form 990 is for	-			-			ation,
201	check this box and stop here	a Support De	roontago					
	Public support percentage for 2017 (lin	,	•	.,,		15		9
	Public support percentage from 2016					16		9
	ction D. Computation of Inves							
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17		%
18	Investment income percentage from 2	016 Schedule A,	Part III, line 17			18		%
19a	33 1/3% support tests - 2017. If the o	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/39	%, and line 1	7 is not
	more than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly :	supported organization	ation		►
b	33 1/3% support tests - 2016. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore tha	n 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec	-						
20	Private foundation. If the organization							
	23 10-06-17			, 51 100, 01100K ti) or 990-EZ) 2017
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11	L107 781823 49256500	.0 20	17.04030	CHILDREN,	INCORPOR	ነጥድ፣)	49256501
-4								

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 CHILDREN, INCORPORATED Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form S	990 or 9	90-EZ)	2017
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^{2017.04030} CHILDREN, INCORPORATED

Schedule A (Form 990 or 990-EZ) 2017 CHILDREN, INCORPORATED

 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

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.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	0	A	
	factors (explain in detail in Part VI):	'V		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 CHILDREN, INCORPORATED

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
_1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exemption							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS					
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 t	he organization is responsive	e					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017		\sim					
а								
b	From 2013							
C	From 2014	0						
d	From 2015	<u> </u>						
e	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)	c						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D,	2						
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2013							
b	Excess from 2014							
c	Excess from 2015							
d	Excess from 2016							
е	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 CHILDREN, INCORPORATED

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, (See instructions.)		
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)	
$\mathbf{\nabla}^{\mathbf{\cdot}}$		
C)		
	Schedule A (Fo	

SCHEDULE I	C
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Department of the Treasury

(Form	990)
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Part I

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number **-***1510

Internal Revenue Service Name of the organization

organization		Employer identification
CHILDREN, INCORPOR	ATED	**-***151
Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts.Complete if the
organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
	(a) Donor advised funds	(b) Funds and other account

		(a) Donor advised funds	(I	b) Fun	ds and other a	ccounts
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 advis	ed fun	ds		
	are the organization's property, subject to the organization's	exclusive legal control?			🗌 Ye	s 🗌 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used c	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	confer	ring		
					Ye	s 🗌 No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV,	line 7		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e					
	Protection of natural habitat	Preservation of a certi	ified his	storic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nserv		
	day of the tax year.	.01			Held at the End	of the Tax Year
а	Total number of conservation easements			2a		
b				2b		
с	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included in (c) acquired		ure			
~	listed in the National Register			2d		-
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	eorgan	Ization	i during the tax	¢
4	year ▶	amount is logated				
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe					
5	violations, and enforcement of the conservation easements i				Ye	s 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ŭ		handling of violations, and emotoring conc				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion ea	semer	nts durina the v	/ear
	► \$ 	5			5 ,	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B	3)(i)		
		· · ·			🗌 Ye	s 🗌 No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	stater	nent, a	and balance sh	eet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes [.]	the org	ganizat	tion's accounti	ng for
	conservation easements.					
Pa	rt III Organizations Maintaining Collections o		ther \$	Simil	ar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent ar	nd bala	ance sheet wor	ks of art,
	historical treasures, or other similar assets held for public exi	hibition, education, or research in furthera	nce of	public	service, provid	de, in Part XIII,
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic ser	vice, p	provide the follo	owing amounts
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				\$	11 000
_				-	\$	14,868.
2	If the organization received or held works of art, historical tre	-	I gain,	provid	e	
	the following amounts required to be reported under SFAS 1				*	
a	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction	s tor form 990.			Schedule D (F	orm 990) 2017
73205	1 10-09-17					

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2017.04030 CHILDREN, INCORPORATED

Sche		N, INCORPO						**_**			age 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	reasure	es, or Oth	er Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following	g that are a s	significant	use of its	collectio	n item	IS
	(<u>check</u> all that apply):										
а	Public exhibition	d		Loan or exc	change p	rograms					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	hey further 1	the orgar	ization's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of							_	-		-
_	to be sold to raise funds rather than to be m							L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answe	red "Yes" or	n Form 99	0, Part IV,	line 9, oi		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					•		
_	De viewie e la la se						4		Amoun	t	
	Additional during the year										
	Additions during the year										
e f	Distributions during the year						<u>1e</u> 1f				
י 29	Ending balance Did the organization include an amount on F					account liab			Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· ∟			
Par											_
		(a) Current year		Prior year	-		(d) Three	vears back	(e) Four	vears	back
1a	Beginning of year balance	572,347.	(572,347,		572,347.		572,347.	(0)		347.
b	Contributions	,			V	,		,		,	
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities			5							
	and programs		$\boldsymbol{\boldsymbol{\wedge}}$)							
f	Administrative expenses										
g	End of year balance	572,347.)	572,347.	•	572,347.	Ę	572,347.		572,	347.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	lg, column (a)) held a	s:					
а	Board designated or quasi-endowment 🕨		_%								
b	Permanent endowment 100.00	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and admi	nistered for	the organi	zation			
	by:)								Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza				?				3b		
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunds.							
Fai				V line 11e (line 10				
	Complete if the organization answere			r.							
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		Accumulate epreciation		(d) Boo	k valu	е
10	Land		nong	04315			presiation				
	Land										
	Buildings Leasehold improvements							<u> </u>			
	Equipment	1 2 2 4	186.				529,8	14.	80	4,3	72.
	Other									-, -	•
	Add lines 1a through 1e. (Column (d) must e		X. colur	mn (B) line	10c.)				80	4,3	72.
			.,					Sobodulo			

Schedule D (Form 990) 2017

732052 10-09-17

	mplete if the organization answered "Ye			
(a) Description	of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	erivatives			
	d equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.)			
	vestments - Program Related.			
	mplete if the organization answered "Ye			
(*	a) Description of investment	(b) Book value	(c) Method of valuation. Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			0.	
(7)				
(8)				
(9)		C	N ⁻	
	ust equal Form 990, Part X, col. (B) line 13.)			
	ther Assets.	\mathbf{V}		
Co	omplete if the organization answered "Ye		11d. See Form 990, Part X, line 15.	
		a) Description		(b) Book value
1.1		CHARITABLE REM	AINDER ANNUITY	
(2) TRUS	TS			1,124,443
(3)				
(4)				
(5)		<u> </u>		
(6)				
(7)	<u>N</u>			
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B)	line 15.)		1,124,443
	ther Liabilities.			
Co			11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability		(b) Book value	
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B)	line 25.) ►		
			o the organization's financial statements	that reports the
	. , , , , , , , , , , , , , , , , , , ,		~	•

Schedule	D (Form	990)	2017
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732053 10-09-17

Schedule D (Form 990) 2017 CHILDREN, INC	CORPORATED			**_*	***1510 _{Pa}
Part XI Reconciliation of Revenue per Audit			Revenue per l	Return	•
Complete if the organization answered "Yes" on					
1 Total revenue, gains, and other support per audited fina				1	3,723,15
2 Amounts included on line 1 but not on Form 990, Part V		2a	-24,368		
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities		·····	24,500	4	
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)			62,564	-	
e Add lines 2a through 2d				2e	38,19
3 Subtract line 2e from line 1					3,684,96
4 Amounts included on Form 990, Part VIII, line 12, but no					
a Investment expenses not included on Form 990, Part V	III, line 7b	4a			
b Other (Describe in Part XIII.)		4b			
c Add lines 4a and 4b				4c	
5 Total revenue. Add lines 3 and 4c. (This must equal For				5	3,684,90
Part XII Reconciliation of Expenses per Audi			n Expenses per	r Retu	rn.
Complete if the organization answered "Yes" on				· · · ·	2 620 00
1 Total expenses and losses per audited financial statem				1	3,638,29
2 Amounts included on line 1 but not on Form 990, Part I	,		5		
a Donated services and use of facilities			\sim		
b Prior year adjustments			\mathbf{v}		
c Other losses)	- 1	
d Other (Describe in Part XIII.)				2e	
 e Add lines 2a through 2d 3 Subtract line 2e from line 1 				3	3,638,29
4 Amounts included on Form 990, Part IX, line 25, but no					0,000,21
a Investment expenses not included on Form 990, Part V		4a			
 b Other (Describe in Part XIII.) 		4b		-	
c Add lines 4a and 4b				4c	
5 Total expenses. Add lines 3 and 4c. (This must equal For	orm 990, Part I, line 18.)			5	3,638,29
Provide the descriptions required for Part II, lines 3, 5, and 9; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete				4; Part	X, line 2; Part XI,
ines 20 and 40, and Part XII, lines 20 and 40. Also complete	this part to provide any a		nation.		
PART XI, LINE 2D - OTHER ADJUS	FMENTS:				
CHANGE IN VALUE OF BENEFICIAL I	INTS IN CHART		EMATNDER		
X					
ANNUITY TRUSTS					62,50
32054 10-09-17				Sched	ule D (Form 990)
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SCHEDULE F	Stateme	nt of Act	ivities Outside the U	nited Sta	ates ⊢	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2017
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection
Name of the organization					Employer ider	ntification number
CHILDREN, INCOR					**-***1	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the orgar	ization answered	d "Yes" on
Form 990, Part I	V, line 14b.					
			ds to substantiate the amount of its gr the selection criteria used to award the			X Yes 🗌 No
	cribe in Part V the	organization's	procedures for monitoring the use of it	ts grants and o	ther assistance of	outside the
United States.	la fallan in a Davi					
			an be duplicated if additional space is	1		(f) T_++_
(a) Region	(b) Number of offices	èmployees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
	5	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region		PROVIDE FUN	IDING FOR	
					D SERVICES 1	'o
CENTRAL AMERICA AND				MEET THE BA		
THE CARIBBEAN	0		PROGRAM SERVICES	EDUCATIONAL		291,967.
				PROVIDE FUN		
				T	ID SERVICES I	'o
EAST ASIA AND THE				MEET THE BA		
PACIFIC	0		PROGRAM SERVICES	EDUCATIONAI		87,194.
				PROVIDE FUN		
			5		ID SERVICES I	'o
				MEET THE BA		-
NORTH AMERICA	0		PROGRAM SERVICES	EDUCATIONAI	NEEDS OF	24,624.
				PROVIDE FUN		,
				SUPPLIES AN	ID SERVICES T	o
				MEET THE BA	SIC AND	
SOUTH AMERICA	0		PROGRAM SERVICES	EDUCATIONAL	NEEDS OF	405,520.
				PROVIDE FUN	DING FOR	,
				SUPPLIES AN	D SERVICES 1	0
				MEET THE BA	SIC AND	
SOUTH ASIA	0	\mathbf{O}^{\star}	PROGRAM SERVICES	EDUCATIONAL	NEEDS OF	222,148.
				PROVIDE FUN	NDING FOR	
				SUPPLIES AN	D SERVICES 1	'O
				MEET THE BA	SIC AND	
SUBSAHARA AFRICA	0		PROGRAM SERVICES	EDUCATIONAL	NEEDS OF	139,761.
						,
3 a Sub-total	0	0				1,171,214.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				1,171,214.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2017

732071 10-06-17

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CHILDREN, INCORPORATED

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.

	PHILIPPINES BOLIVIA	CHILD SPONSORSHIP CHILD SPONSORSHIP	32,392. 196,705.	WIRE TRANSFER	0.	
	BOLIVIA			2		
		CHILD SPONSORSHIP	196,705.	WIRE TRANSFER	0.	
		CHILD SPONSORSHIP	196,705.	WIRE TRANSFER	0.	
	 		.0			
	PERU	CHILD SPONSORSHIP	34,968.	WIRE TRANSFER	0.	
			S			
	GUATEMALA	CHILD SPONSORSHIP	99,010.	WIRE TRANSFER	0.	
	KENYA	CHILD SPONSORSHIP	114,807.	WIRE TRANSFER	0.	
	LEBANON	CHIED SPONSORSHIP	36,412.	WIRE TRANSFER	0.	
	PU					
	ARGENTINA 🔹	CHILD SPONSORSHIP	12,051.	WIRE TRANSFER	0.	
		CHILD SPONSORSHIP		WIRE TRANSFER	Ο.	
		recognized as charities by the				
By the IRS, or for whichBenter total number of other		tion 501(c)(3) equivalency lette	۹۲		······ F _	

Schedule F (Form 990)

CHILDREN, INCORPORATED

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Part II Continuation of		Assistance to Organiza	ations or Entities Outside the	e United States	. (Schedule F (Form §	990). Part II. line 1	1)	i age z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		CHILE	CHILD SPONSORSHIP	50,478.	WIRE TRANSFER	0.		
		COLOMBIA	CHILD SPONSORSHIP	24,114.	WIRE TRANSFER	0.		
		DOMINICAN REPUBLIC	CHILD SPONSORSHIP	4,59 <u>8</u> .	WIRE TRANSFER	0.		
		EL SALVADOR	CHILD SPONSORSHIP	45,376.	WIRE TRANSFER	0.		
		ETHIOPIA	CHILD SPONSORSHIP	19,663.	WIRE TRANSFER	0.		
		HONDURAS	CHILD SPONSORSHIP	53,532.	WIRE TRANSFER	0.		
		INDIA	CHILD SPONSORSHIP	124,513.	WIRE TRANSFER	0.		
		MEXICO	CHILD SPONSORSHIP		WIRE TRANSFER	0.		
		NICARAGUA	CHILD SPONSORSHIP		WIRE TRANSFER	0.		

-*1510 CHILDREN, INCORPORATED Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (g) Amount of 1 (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) PARAGUAY CHILD SPONSORSHIP 19,586.WIRE TRANSFER Ο. 83,893.WIRE TRANSFER SOUTH KOREA CHILD SPONSORSHIP Ο. SRI LANKA CHILD SPONSORSHIP 0. 20,422, WIRE TRANSFER 2,906 WIRE TRANSFER URUGUAY CHILD SPONSORSHIP Ο. CHILD SPONSORSHIP 46,263 WIRE TRANSFER COSTA RICA 0.

CHILDREN, INCORPORATED

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Page 3

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. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance SU

Schedule F (Form 990) 2017

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	X 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; don't file with Form 990)	🗌 Yes	X 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	X 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? <i>If</i> "Yes," <i>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)</i>	🗌 Yes	X 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	X 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; don't file with Form 990)	🗌 Yes	X No
		chedule F (For	m 990) 2017

732074 10-06-17

09441107 781823 49256500.0

Schedule F (Form 990) 2017 CHILDREN, INCORPORATED	**-***1510	Page 5
Part V Supplemental Information	ounting mothod: amounts of	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (according the second secon)
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation. See instructions.	
PART I, LINE 3:		
EACH PROJECT IS REQUIRED TO KEEP ACCURATE RECORDS AS TO	HOW FUNDS ARE	
SPENT AT THE PROJECT LEVEL. PROJECTS ARE REQUIRED TO SUP	MIT FINANCIAL	
REPORTS, ALONG WITH RECEIPTS SHOWING DISBURSEMENTS, ON A	A SEMI-ANNUAL	
BASIS.		
PART I, LINE 3, COLUMN (E):		
REGION: CENTRAL AMERICA AND THE CARIBBEAN	3	
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDIN	NG FOR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	IMPOVERISHED	
CHILDREN		
6		
10		
REGION: EAST ASIA AND THE PACIFIC		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDIN	IG FOR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	IMPOVERISHED	
CHILDREN		
REGION: NORTH AMERICA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDIN	NG FOR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	IMPOVERISHED	
CHILDREN		
REGION: SOUTH AMERICA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDIN	IG FOR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	IMPOVERISHED	
CHILDREN		
732075 10-06-17	Schedule F (Form 9	90) 2017

Schedule F (Form 990) 2017 CHILDREN, INCORPORATED	**-**1510 Pa
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accou	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth	
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation. See instructions.
REGION: SOUTH ASIA	
KEGION: SOUTH ASIA	
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING	G FOR SUPPLIES
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF I	IMPOVERISHED
CHILDREN	
CHILDREN	
REGION: SUBSAHARA AFRICA	
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING	FOR SUDDITES
(E) STECIFIC TITES OF SERVICES IN REGION: TROVIDE FONDING	FOR SOLLED
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF I	MPOVERISHED
CHILDREN	
V	
<u> </u>	
732075 10-06-17 36	Schedule F (Form 990)
41107 781823 49256500.0 2017.04030 CHILDREN, INCORPOR	ATED 492565

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	-		Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization CHILDREN,	INCORPOR	RATED					Employer identification number **-**1510
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's provided in the second s	istance?						
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	Complete if the org	anization answered "	/es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.		i	
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
							PROVIDES BASIC AND HEALTH
ALLEGHANY HIGH SCHOOL							RELATED NEEDS SUCH AS
RT. 2, BOX 19 - TROJAN AVE.							CLOTHING, SHOES, FOOD;
SPARTA, NC 28675	**-***0985	115(1)	16,678.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
BATH COUNTY HIGH SCHOOL							RELATED NEEDS SUCH AS
645 CHENAULT DRIVE				r			CLOTHING, SHOES, FOOD;
OWINGSVILLE, KY 40360	**-***1341	115(1)	10,781.	0.			EDUCATIONAL NEEDS SUCH AS
			•				PROVIDES BASIC AND HEALTH
BATH COUNTY MIDDLE SCHOOL							RELATED NEEDS SUCH AS
335 W. MAIN ST.							CLOTHING, SHOES, FOOD;
OWINGSVILLE, KY 40360	**-***1341	115(1)	8,612.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
BEAVER CREEK ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
8000 HWY. 7 SOUTH							CLOTHING, SHOES, FOOD;
TOPMOST, KY 41862	**-***1297	115(1)	14,835.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
BELFRY HIGH SCHOOOL, KY							RELATED NEEDS SUCH AS
27678 U.S. HWY. 119 N.							CLOTHING, SHOES, FOOD;
BELFRY, KY 41514	**-***1345	115(1)	18,818.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
BELFRY MIDDLE SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 850							CLOTHING, SHOES, FOOD;
BELFRY, KY 41514	**-**1345	115(1)	7,667.	0.			EDUCATIONAL NEEDS SUCH AS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				► <u>69</u> .
3 Enter total number of other organization	ns listed in the line	1 table					►
LHA For Paperwork Reduction Act Notice	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2017)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

BREATHITT CO. HIGH SCHOOL 2307 BOBCAT LANE VACKSON, KY 41339					(book, FMV, appraisal, other)	
2307 BOBCAT LANE						PROVIDES BASIC AND HEALTH
						RELATED NEEDS SUCH AS
ACKSON KY 41339						CLOTHING, SHOES, FOOD;
Merbon, RI 41555	**-***1304	115(1)	19,398.	0.		EDUCATIONAL NEEDS SUCH AS
						PROVIDES BASIC AND HEALTH
CARR CREEK ELEM. SCHOOL						RELATED NEEDS SUCH AS
P.O. BOX 114					$\mathbf{\hat{\mathbf{C}}}$	CLOTHING, SHOES, FOOD;
JIFT CARR, KY 41834	**-**1297	115(1)	19,519.	Ο.		EDUCATIONAL NEEDS SUCH AS
						PROVIDES BASIC AND HEALTH
ROSSROADS ELEMENTARY SCHOOL)	RELATED NEEDS SUCH AS
1755 U.S. RT. 60 EAST						CLOTHING, SHOES, FOOD;
WINGSVILLE, KY 40360	**-***1341	115(1)	6,465.	0.		EDUCATIONAL NEEDS SUCH AS
						PROVIDES BASIC AND HEALTH
DENNEHOTSO BOARDING SCHOOL						RELATED NEEDS SUCH AS
P.O. BOX 2570						CLOTHING, SHOES, FOOD;
DENNEHOTSO, AZ 86535	**-***1849	501(C)(3)	8,319.	0.		EDUCATIONAL NEEDS SUCH AS
,						PROVIDES BASIC AND HEALTH
DZILTH COMMUNITY GRANT SCHOOL			CN			RELATED NEEDS SUCH AS
35 ROAD 7585 #5003						CLOTHING, SHOES, FOOD;
BLOOMFIELD, NM 87413	**-***1849	501(C)(3)	21,010.	Ο.		EDUCATIONAL NEEDS SUCH AS
,			,			PROVIDES BASIC AND HEALTH
EDEN ELEMENTARY						RELATED NEEDS SUCH AS
P.O. BOX 1683		· C ·				CLOTHING, SHOES, FOOD;
INEZ, KY 41224	**-***1302	115(1)	10,346.	0.		EDUCATIONAL NEEDS SUCH AS
,						PROVIDES BASIC AND HEALTH
EMMALENA ELEMENTARY SCHOOL						RELATED NEEDS SUCH AS
P.O. BOX 123						CLOTHING, SHOES, FOOD;
EMMALENA, KY 41740	**-***1297	115(1)	7,218.	0.		EDUCATIONAL NEEDS SUCH AS
minimum, ki 41,40	1251	113(1)	7,210.	· ·		PROVIDES BASIC AND HEALTH
AIRVIEW INDEPENDENT SCHOOL						RELATED NEEDS SUCH AS
2127 MAIN STREET, WESTWOOD	**-***1260	501(C)(3)	9,888.	0.		CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
ASHLAND, KY 41102	- 1200	501(0)(3)	5,000.	0.		PROVIDES BASIC AND HEALTH
TADE ODEEV ELEMENTADY COTOOL						
SLADE CREEK ELEMENTARY SCHOOL						RELATED NEEDS SUCH AS
2 GLADE CREEK SCHOOL RD. ENNICE, NC 28623	**-***0823	115(1)	8,776.	0.		CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

CHILDREN, INCORPORATED

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art 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
HERALD WHITAKER MIDDLE SCHOOL 221 HORNET DR.							PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	**-**1353	115(1)	15,875.	0.			EDUCATIONAL NEEDS SUCH AS
HINDMAN ELEMENTARY SCHOOL, KY P.O. BOX 816					5		PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD;
HINDMAN, KY 41822	**-***1297	115(1)	10,786.	0.	N ·		EDUCATIONAL NEEDS SUCH AS
JOHNS CREEK ELEMENTARY SCHOOL 8302 META HWY.							PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD;
PIKEVILLE, KY 41501	**-***1345	115(1)	9,712.	0.			EDUCATIONAL NEEDS SUCH AS
JOHNSON CENTRAL HIGH SCHOOL 257 N. MAYO TRAIL							PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD;
PAINTSVILLE, KY 41240	**-***1343	115(1)	5,621.	0.			EDUCATIONAL NEEDS SUCH AS
KAYENTA COMMUNITY SCHOOL P.O. BOX 188							PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD;
KAYENTA, AZ 86033	**-***1849	501(C)(3)	7,466.	0.			EDUCATIONAL NEEDS SUCH AS
KNOTT COUNTY CENTRAL HIGH SCHOOL 75 PATRIOT LANE HINDMAN, KY 41822	**-***1297	115(1) C	11,692.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LAKE VALLEY BOARDING SCHOOL P.O. BOX 748			11,052.				PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD;
CROWNPOINT, NM 87313	**-**7413	501(C)(3)	7,002.	0.			EDUCATIONAL NEEDS SUCH AS
LBJ ELEMENTARY SCHOOL							PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS
90 LEJ RD. JACKSON, KY 41339	**-***0130	115(1)	7,105.	0.			CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PROVIDES BASIC AND HEALT
MAGOFFIN CO. HIGH SCHOOL 201 HORNET DR.							RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	**-***1353	115(1)	22,728.	0.			EDUCATIONAL NEEDS SUCH A

Schedule I (Form 990)

Schedule I (Form 990) CHILDREN, INCORPORATED 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
							PROVIDES BASIC AND HEALTH
MORGAN COUNTY HIGH SCHOOL							RELATED NEEDS SUCH AS
150 ROAD TO SUCCESS							CLOTHING, SHOES, FOOD;
WEST LIBERTY, KY 41472	**-**1441	115(1)	12,225.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
PHELPS ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 529					\sim		CLOTHING, SHOES, FOOD;
PHELPS, KY 41553	**-**1345	115(1)	10,180.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
PHELPS HIGH SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 131							CLOTHING, SHOES, FOOD;
PHELPS, KY 41553	**-***1345	115(1)	10,900.	0.			EDUCATIONAL NEEDS SUCH AS
· ·			,				PROVIDES BASIC AND HEALTH
PINEY CREEK ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
559 PINEY CREEK SCHOOL RD.							CLOTHING, SHOES, FOOD;
PINEY CREEK, NC 28663	**-***2738	115(1)	10,825.				EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
RED ROCK DAY SCHOOL			CN				RELATED NEEDS SUCH AS
P.O. DRAWER 2007							CLOTHING, SHOES, FOOD;
RED VALLEY, AZ 86544	**-***7413	501(C)(3)	13,235.	0.			EDUCATIONAL NEEDS SUCH AS
,,				- •			PROVIDES BASIC AND HEALTH
SALYERSVILLE ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
204 HORNET DR.			×				CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	**-***1353	115(1)	11,320.	0.			EDUCATIONAL NEEDS SUCH AS
		115(1)	11,020.	· · ·			PROVIDES BASIC AND HEALTH
SEBASTIAN MIDDLE SCHOOL							RELATED NEEDS SUCH AS
244 LBJ RD.							CLOTHING, SHOES, FOOD;
JACKSON, KY 41339	**-***1345	115(1)	6,885.	0.			EDUCATIONAL NEEDS SUCH AS
	_ T242	113(1)	0,005.	· ·			PROVIDES BASIC AND HEALTH
SHELBY VALLEY HIGH SCHOOL							RELATED NEEDS SUCH AS
125 DOUGLAS PARK							
	-5168	115(1)	7 707	٥.			CLOTHING, SHOES, FOOD;
PIKESVILLE, KY 41501	=	TT2(T)	7,797.	U.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
SHELDON CLARK HIGH SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 1765							CLOTHING, SHOES, FOOD;
INEZ, KY 41224	**-***1302	115(1)	13,969.	0.			EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Schedule I (Form 990) CHILDREN, INCORPORATED 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
							PROVIDES BASIC AND HEALTH
SHONTO SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 7900							CLOTHING, SHOES, FOOD;
SHONTO, AZ 86054	**-**7306	115(1)	27,383.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
SOUTH MAGOFFIN ELEMENTARY SCHOOL,							RELATED NEEDS SUCH AS
KY - 171 HALF MOUNTAIN RD					\mathbf{O}		CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	**-***1353	115(1)	6,322.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
SPARTA ELEMENTARY							RELATED NEEDS SUCH AS
450 N. MAIN ST.							CLOTHING, SHOES, FOOD;
SPARTA, NC 28675	**-***0985	115(1)	30,223.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
ST. MICHAELS SPECIAL ED SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 100							CLOTHING, SHOES, FOOD;
ST. MICHAEL'S, AZ 86511	**-**4865	501(C)(3)	20,996.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
TO'HAJIILEE COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 3438							CLOTHING, SHOES, FOOD;
LAGUNA, NM 87026	**-**7413	501(C)(3)	7,404.	0.			EDUCATIONAL NEEDS SUCH AS
,							PROVIDES BASIC AND HEALTH
TUBA CITY BOARDING SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 187		· C					CLOTHING, SHOES, FOOD;
TUBA CITY, AZ 86045	**-**7413	501(C)(3)	10,349.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
WARFIELD ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 299							CLOTHING, SHOES, FOOD;
WARFIELD, KY 41267	**-***1302	115(1)	7,471.	0.			EDUCATIONAL NEEDS SUCH AS
	1004		,,,,,,,,				PROVIDES BASIC AND HEALTH
WOLFE CO. HIGH SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 460							CLOTHING, SHOES, FOOD;
CAMPTON, KY 41301	**-***1257	115(1)	14,506.	0.			EDUCATIONAL NEEDS SUCH AS
CARLION, AI 41301	- 1237	±±5(±)	14,500.	0.			PROVIDES BASIC AND HEALTH
ENTS CO MIDDLE CCHOOL							
LEWIS CO. MIDDLE SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 99	1	1	1			1	CLOTHING, SHOES, FOOD;

	N, INCORPOR						*-**1510 Page
Part II Continuation of Grants and Oth	ner Assistance to Go	vernments and Orga	nizations in the U	nited States (Schoor	edule I (Form 990), Pa I	art 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
MANY FARMS COMMUNITY SCHOOL P.O. BOX 70 MANY FARMS, AZ 86538	**-***2636	501(C)(3)	8,494.	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	**-***1345	115(1)	9,658.	0.	6		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	**_***1441	115(1)	5,944.				PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MORRIS JEFF COMMUNITY SCHOOL P.O. BOX 792800 NEW ORLEANDS, LA 70179	**-***7054	501(C)(3)	6 , 502				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	**-***1353	115(1)	8,636.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BOWMAN MIDDLE SCHOOL 410 S. MITCHELL AVE. BACKERSVILLE, NC 28705	**-***1075	115(1) C	6,192.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
BOYD COUNTY MIDDLE SCHOOL 12307 MIDLAND TRAIL ASHLAND, KY 41102	**-***1260	115(1)	5,377.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARIANO LAKE COMMUNITY SCHOOL P.O. BOX 787 CROWNPOINT, NM 87313	**-***7413	501(C)(3)	9,682.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARTIN COUNTY MIDDLE SCHOOL P.O. BOX 63 ROUTE 40 WARFIELD, KY 41267	**-***1302	115(1)	14,595.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990) CHILDREN, INCORPORATED 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
							PROVIDES BASIC AND HEALTH
HANNA DLI COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 639							CLOTHING, SHOES, FOOD;
BLOOMFIELD, NM 87413	**-***3710	501(C)(3)	12,700.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
NA' NEELZHIIN JI OLTA' COMMUNITY							RELATED NEEDS SUCH AS
SCHOOL - HCR 79, BOX 09 - CUBA, NM					\mathbf{O}		CLOTHING, SHOES, FOOD;
87013	**-***5243	501(C)(3)	12,597.	٥.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MENIFEE HIGH SCHOOL							RELATED NEEDS SUCH AS
119 INDIAN CREEK RD							CLOTHING, SHOES, FOOD;
FRENCHBURG, KY 40322	**-***1279	115(1)	6,001.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
CAMPTON ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
1750 KY HIGHWAY 715							CLOTHING, SHOES, FOOD;
ROGERS, KY 41365	**-***1257	115(1)	9,793.	0.			EDUCATIONAL NEEDS SUCH AS
,							PROVIDES BASIC AND HEALTH
PINON COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 159							CLOTHING, SHOES, FOOD;
PINON, AZ 86510	**-***5622	501(C)(3)	5,037.	٥.			EDUCATIONAL NEEDS SUCH AS
			,				PROVIDES BASIC AND HEALTH
LAKE VIEW/DESERT VIEW ELEMENTARY							RELATED NEEDS SUCH AS
P.O. BOX 1927		· C ·					CLOTHING, SHOES, FOOD;
PAGE, AZ 86040	**-***2832	115(1)	5,604.	0.			EDUCATIONAL NEEDS SUCH AS
, 00010							PROVIDES BASIC AND HEALTH
EAST VALLEY ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
7585 HIGHWAY 172							CLOTHING, SHOES, FOOD;
	-*1441	115(1)	6 1 2 8	0.			EDUCATIONAL NEEDS SUCH AS
WEST LIBERTY, KY 41472	- 1441	113(1)	6,128.	υ.			
GUCCECC DEEDADAMORY ACADEMY							PROVIDES BASIC AND HEALTH
SUCCESS PREPARATORY ACADEMY							RELATED NEEDS SUCH AS
P.O. BOX 792800	** *******	F01/(3)/(3)		_			CLOTHING, SHOES, FOOD;
NEW ORLEANS, LA 70179	**-**7054	501(C)(3)	5,054.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
OJO ENCINO DAY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 7							CLOTHING, SHOES, FOOD;
CUBA, NM 87013	**-**7413	501(C)(3)	5,188.	0.			EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990) CHILDREN Part II Continuation of Grants and Othe	I, INCORPOR er Assistance to Go		nizations in the U	nited States (Sch	edule I (Form 990). Pa		*-**1510 Page
(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
BELFRY ELEMENTARY SCHOOL 70 STATE HWY 319 BELFRY, KY 41514	**-***1345	115(1)	6,460.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BERINS ELEMENTARY SCHOOL 1725 E. BIG CREEK RD SIDNEY, KY 41564	**-***1345	115(1)	8,353.	0.	To to		PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
BOYD COUNTY HIGH SCHOOL 12307 MIDLAND TRAIL ASHLAND, KY 41102	**-***1260	115(1)	5,176.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
FALLSBURG ELEMENTARY SCHOOL 5869 N HWY 3 LOUISA, KY 41230	**-***1315	115(1)	5,332				PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
OWINGSVILLE ELEMENTARY SCHOOL 50 CHENAULT DR OWINGSVILLE, KY 40360	**-***1134	115(1)	5,062.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
PIKE CENTRAL HIGH SCHOOL 100 WINNERS CIRCLE PIKEVILLE, KY 41501	**-***1345	115(1)	6,405.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
ROY EVERSOLE ELEMENTARY SCHOOL 325 SCHOOL ST HAZARD, KY 41701	**_**1412	115(1)	6,367.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
CRUM PK-8 SCHOOL 150 CRUM ROAD CRUM, WV 25669	**-***0409	115(1)	5,379.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
CHARLES HART MIDDLE SCHOOL 601 MISSISSIPPI AVE SE WASHINGTON, DC 20032	**_**1131	115(1)	6,106.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A

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		
				3			
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			JI				
		i colo					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.			
PART I, LINE 2:							
EACH PROJECT IS REQUIRED TO KEEP A	CCURATE	RECORDS AS	TO HOW FU	NDS ARE SPENT			
AT THE PROJECT LEVEL. US PROJECTS	ARE REQ	UIRED TO S	UBMIT FINA	NCIAL			
REPORTS, ALONG WITH RECEIPTS SHOWI	NG DISBU	RSEMENTS,	ON A QUART	ERLY BASIS.			
PART II, LINE 1, COLUMN (H):							

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHANY HIGH SCHOOL

CHILDREN, INCORPORATED

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

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

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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

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 OREEK 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 SCHOOOL, 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

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NAME OF ORGANIZATION OR GOVERNMENT: BREATHITT CO. HIGH SCHOOL

Schedule I (Form 990)

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: CARR CREEK ELEM. 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: 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: 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
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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: HERALD WHITAKER 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: 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

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

Schedule I (Form 990) CHILDREN, INCORPORATED	**-**1510 Page 2
Part IV Supplemental Information	
NAME OF ORGANIZATION OR GOVERNMENT: MAGOFFIN CO. HIGH SCHOO	OL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAD	LTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUC	H AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: MORGAN COUNTY HIGH SCHO	OOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAD	LTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	H AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: PHELPS ELEMENTARY SCHOOL	OL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAD	LTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	H AS MATERIALS
AND SUPPLIES	
C	
NAME OF ORGANIZATION OR GOVERNMENT: PHELPS HIGH SCHOOL	
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAD	LTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	H AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: PINEY CREEK ELEMENTARY	SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAD	LTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUC	H AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: RED ROCK DAY SCHOOL	
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAD	LTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUC	H AS MATERIALS
	Schedule I (Form 990)

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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

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

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

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

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(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

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

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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

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

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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 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: 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

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Part	IV S	Supplei	ment	al Inform	atior	1								
JAME	OF	ORG	ANIZ	ZATION	OR	GOVEF	RNMENT:	HANNA	DLI	COMMU	JNITY	SCHOOI	J	
(H)	קווס	ਹਿਟਸ	٥F	CRANT	OR	AGGTO		PROVT	חדפ	BAGTO	- רוא ב	μέδι.Ψη		

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: 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

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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
AND SUPPLIES
NAME OF ORGANIZATION OR GOVERNMENT: OJO ENCINO 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: BELFRY 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: BERINS 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

Schedule I (Form 990) CHILDREN, INCORPORATED	**-***1510 Page 2
Part IV Supplemental Information	
NAME OF ORGANIZATION OR GOVERNMENT: BOYD COUNTY HIGH SCHOOL	
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAL	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: FALLSBURG ELEMENTARY SC	HOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAL	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: OWINGSVILLE ELEMENTARY	SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAL	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	
C C I	
NAME OF ORGANIZATION OR GOVERNMENT: PIKE CENTRAL HIGH SCHOO	L
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAL	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT, BOY EVERSOLE ELEMENTARY	SCHOOL

-*1510 Page 2

(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: CRUM PK-8 SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS Schedule I (Form 990) 732291 04-01-17 57 09441107 781823 49256500.0 2017.04030 CHILDREN, INCORPORATED 49256501

49256501

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CHARLES HART 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

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732291 04-01-17				Schedule I (Form 990)
		58		

09441107 781823 49256500.0 2017.04030 CHILDREN, INCORPORATED

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047 <b>2017</b> Open to Public Inspection
Name of the organizatior	CHILDREN, INCORPORATED		identification number **1510
FORM 990, PA	RT VI, SECTION B, LINE 11B:		
THE FORM 990	WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM T	HAT AU	DITED THE
FINANCIAL ST	ATEMENTS. IT WAS REVIEWED BY THE PRESIDENT AND	D CHIE	F EXECUTIVE
OFFICER OF C	HILDREN, INCORPORATED, AND THE BOARD OFFICERS	•	
FORM 990, PA	RT VI, SECTION B, LINE 12C:		
CHILDREN, INC	CORPORATED REGULARLY AND CONSISTENTLY MONITOR	S AND	ENFORCES
COMPLIANCE W	ITH THE CONFLICT OF INTEREST POLICY. THE BOAR	D IS S	MALL, AND
MONITORING CO	ONSISTS OF REGULAR DISCUSSIONS AND REVIEW OF	TRANSA	CTIONS BY
THE BOARD CH	AIR.		
FORM 990, PA	RT VI, SECTION B, LINE 15A:		
THE BOARD CH	AIR AND VICE CHAIR EVALUATE THE PERFORMANCE OF	F THE	PRESIDENT
AND CHIEF EX	ECUTIVE OFFICER ANNUALLY. HIS COMPENSATION IS	BASED	ON AN
EVALUATION O	F FACTS AND CIRCUMSTANCES.		
FORM 990, PA	RT VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FO	RM 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, PA	RT VI, SECTION C, LINE 19:		
CHILDREN, INC	CORPORATED MAKES ITS GOVERNING DOCUMENTS, CON	FLICT	OF INTEREST
POLICY, AND	FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	IT ALS	O MAKES ITS
FINANCIAL ST	ATEMENTS AND FORM 990 AVAILABLE AT		
WWW.CHILDREN	INCORPORATED.ORG.		

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17
 59

Schedule O	(Form 990	or 990-EZ)	(2017)
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Name of the organization

CHILDREN, INCORPORATED

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

## CHANGE IN VALUE OF BENEFICIAL INTS IN CHARITABLE REMAINDER

ANNUITY TRUSTS

09

FORM 990, PART XII, LINE 2C:

## THERE WERE NO CHANGES TO ITS OVERSIGHT PROCESS OR SELECTION PROCESS

## DURING THE TAX YEAR.

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732212 09-07-17 441107 781823 49256	500 0	2017 0/02	60 CHILDREN	INCORPORATED	n 990 or 990-EZ) (2017) 49256501
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