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<br>oplicable                  | C Name of organization   |                         | D Employer identifie               | cation number               |  |  |  |  |
|                         | Addres:                               | CHILDREN, INCORPORATED   |                         |                                    |                             |  |  |  |  |
|                         | Name<br>change                        | Doing business as  |                         | **-**1510                          |                             |  |  |  |  |
|                         | Initial<br>return<br>Final<br>return/ | Number and street (or P.O. box if mail is not delivered to street address)<br>11513 ALLECINGIE PARKWAY   | E Telephone number 804- | ,<br>359-4562                      |                             |  |  |  |  |
|                         | termin-<br>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                               | <sup>9</sup> 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               |                             |  |  |  |  |
| <b>K</b> 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                     | <b>5</b> T                            | Fotal number of individuals employed in calendar year 2017 (Part V, line 2a) $\dots$   | <b>?.</b>               | 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.<br>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>              | <b>19</b> F                           | Revenue less expenses. Subtract line 18 from line 12   |                         | -143,974.                          | 46,665.                     |  |  |  |  |
| ts or<br>ances          |                                       |  | Be                      | ginning of Current Year 6,876,150. | End of Year                 |  |  |  |  |
| sset<br>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<br>Here | Signature of officer<br><b>RONALD H. CARTER, PRESIDENT AND CEO</b><br>Type or print name and title | Date   |
|--------------|--|--|
| Paid         | Print/Type preparer's name<br>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<br>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 <b>990</b> (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                           |                    | <b></b>          |
|      | 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<br>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.   |                    |                  |
|      |  |                    |                  |
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|      |  |                    |                  |
|      |  |                    |                  |
|      |  |                    |                  |
|      |  |                    |                  |
| 4b   | (Code:         ) (Expenses \$) (Revenue  | ie \$              |                  |
|      |  |                    |                  |
|      |  |                    |                  |
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|      | V  |                    |                  |
|      |  |                    |                  |
|      |  |                    |                  |
|      |  |                    |                  |
| 4c   | (Code: ) (Expenses \$ including grants of \$ ) (Revenue  | ie \$              |                  |
|      |  |                    |                  |
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|      |  |                    |                  |
|      |  |                    |                  |
| 4d   | Other program services (Describe in Schedule O.)   |                    |                  |
|      | (Expenses \$ including grants of \$ ) (Revenue \$  | )                  |                  |
| 4e   | Total program service expenses 3,092,600.  |                    |                  |
|      |  | Form               | <b>990</b> (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

|     | · · · · · · · · · · · · · · · · · · ·  |     | <b>V</b> |              |
|-----|--|-----|----------|--------------|
| 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) |
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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<br>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<br>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 <sup>1</sup> 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<>  |      |   |                 |     |            |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b If "Yes," enter the name of the foreign country.       5       See instructions for fining requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       XX         54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       XX         55 Does the organization have annual gross receipts that are normally greater than \$100,000, and fail the organization solid ary contributions that was or is a party to a prohibited tax shelter transaction?       6a       X         67 Organization brack and gross receipts that are normally greater than \$100,000, and fail the organization solid ary contributions that may receive deductible a charitable contributions?       6a       X         7 Organizations that may receive deductible contributions under section 170(c)       6b       6a       X         11 "Yes," did the organization notify the donor of the value of the goods or proked provided?       7a       X       X         11 "Yes," did the organization notify the donor of the value of the goods or proked provide?       7b       7c       X         11 "Yes," did the organization notify the donor of the value of updicetty or noticet approximation of a personal benefit contract?       7c       X         11 "Yes," indicate the number of Forms 8282 filed during the year.       7d       7a       X  |      |   | 50              |     |            |
| b       If 'Yes,' enter the name of the foreign country.         See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).       Sa         SW as the organization a party to a prohibed tax shelter transaction at any time during the tax year?       Sa       X         D Id any taxable party notify the organization file Form 8886-17.       Sc       Sc       X         Ga Does the organization a party on the form 8886-17.       Sc       Sc       X         D If 'Nes,' id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       Sa       X         D If 'Nes,' id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 17001       Sa       X         D If the organization neceive a payment in excess of \$75 made partly as a contribution goeds and services provided to the payor?       7a       X         If 'Yes,' id the organization neceive any funds, directly or indirectly, repartleminums on a personal benefit contract?       7a       X         D Id the organization receive any funds, directly or indirectly, repartleminums on a personal benefit contract?       7a       X         If 'Yes,' id the organization receive any funds, directly or indirectly, repartleminums on a personal benefit contract?       7a       X         Id the organization receive any funds, dir  | Ha   |   | 12              |     | x          |
| See instructions for filing requirements for FinCEN Form 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 file Form 8886-17       5c       C         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and kin the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with very solicitation an express statement that such contributions or gits were not tax deductible contributions under section 17000.       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or proceep rovided?       7a       X         b If "Yes," idit he organization notify the donor of the value of the goods or proceep rovided?       7a       X         c Did the organization sell, exchange, or otherwise dispose of tangible parameter forwhich it was required to file form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year goot of proceep rovided?       7a       X         f If the organization include goot for goods and services provided to the prose?       7a       X         g If the organization receive a pymentine, directly or indirectly, broak argument, increasing and the progenizatin form 8898 arequired?       7a <t< td=""><td>h</td><td></td><td><del>-t</del>a</td><td></td><td></td></t<>   | h    |   | <del>-t</del> a |     |            |
| 5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction m.     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction m.     5a     X       cit     T'set, 'to line 5a or 50, did the organization tile form 8886-17?     6a     X       cit     T'set, 'a did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 1700     6a     X       cit     Organizations that may receive deductible contributions under section 1700     7a     X       d     Did the organization nickude with every solicitation an express statement that such contributions or gifts were not tax deductible (a contributions under section 1700)     7a     X       d     Did the organization nickude with every event of tangible passible provided?     7a     X       d     Did the organization nickude with every event of tangible passible provided?     7a     X       d     I'd'set, 'indicate the number of Forms 8282 filed during the year.     Td     Td     7a     X       g     If the organization received a contribution of ears, boat, any filenes, or other vehicles, did the organization file Form 82892     7a     X <t< th=""><th>U U</th><th></th><th></th><th></th><th></th></t<>   | U U  |   |                 |     |            |
| b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction       5b       X         c       if "Yes," to line 5a or 5b, did the organization this Form 8886-17       5c       5c         B       Dees the organization have annual gross technitable contributions?       5c       5c         b       if Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6a       X         7       Organization seth ary receive deductible contributions under section 17000       7a       X         b       If 'Yes,' did the organization notify the donor of the value of the goods or pervice provided?       7a       X         b       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7a       X         d       If 'Yes,' indicate the number of forms 8282 filed during the year       7d       7d       X         f       Did the organization receive any tunds, directly or indirectly, or personal benefit contract?       7f       X         f       If the organization neceive any tunds, directly or indirectly, or personal benefit contract?       7f       X         g       If the organization neceive any tunds, directly or indirectly, or personal benefit contract?       7f       X         g       Did the organization neceive any tunds, direct   | Fo   |   | 50              |     | x          |
| c       If "Yes," to line 5a of 5b, did the organization file Form 8886-17       5c         Gb       Dees the organization have annual gross receipts that are normally greater than \$100,000, and left the organization solicit any contributions that were not tax deductible as charthable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as contributions and express statement that such contributions or gifts       6a       X         c       Organizations that may receive deductible contributions under section 170(c)       7a       X         d)       If "Yes," did the organization notify the donor of the value of the goods or provided?       7d       X         d)       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c       X         d)       If "Yes," indicate the organization receive any funds, directly or indirectly, and presnal benefit contract?       7d       X         d)       If the organization receive any funds, directly or indirectly, and presnal benefit contract?       7d       X         f)       If the organization receive any funds, directly or indirectly, and presnal benefit contract?       7d       X         f)       If the organization receive any funds, directly or indirectly, and presnal benefit contract?       7d       X         f)       If the organization receive an   |      |   |                 |     |            |
| Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?       Ga       X         7       Organization sell, exchange, or otherwise dispose of the yalue of the goods or service provided?       Ta       X         b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible particity for which it was required to file form 8282?       Td       Td       Td       Td       X         b If "Yes," indicate the number of Forms 8282 file during the year       Td       Td       X       Td       X         9       Did the organization receive any funds, directly or indirectly, or pay thermiums on a personal benefit contract?       Tf       X         11       the organization receive any contribution of qualified intellectual property, did the organization file Form 8899 as required?       Ti       X         12       Soponsoring organization make any tabale distributions and were vehicles, did the organization file a Form 1098 CF       Sa       Sa       Sa         9       Sponsoring organization make any tabale distributions under section 4966?       Sa       Sa       Sa       Sa       Sa       Sa       Sa       Sa       Sa </th <th></th> <th></th> <th></th> <th></th> <th></th>   |      |   |                 |     |            |
| any contributions that were not tax deductible as charitable contributions?       6a       X         b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7         7 Organizations that may receive deductible contributions under section 170(cl       7a       X         a bid the organization nective a payment in excess of \$75 made partly as a contribution and protofor goods and services provided to the payor?       7a       X         c bid the organization notify the donor of the value of the goods or services provided?       7d       X         c bid the organization note of Forms 8282?       7d       7d       X         d If 'Yes," indicate the number of Forms 8282? filed during the year, pay permisms on a personal benefit contract?       7e       X         g Id the organization receive a contribution of qualified intol cutal property, did the organization file Form 8899 as require?,       7ft       X         g If the organization received a contribution of qualified intol cutal property, did the organization file Form 8899 as require?,       7ft       X         g If the sponsoring organization matching door advised funds.       9a   |      |   | 50              |     |            |
| b       If "Yes," did the organization include with every solicitation an express statement that successful that successful the organization stat may receive deductible contributions under section 170(c)       6b         7       Organizations that may receive deductible contributions under section 170(c)       7a       X         b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible passing provided?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible passing provided?       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7r       X         f       If the organization received a contribution of cars, boats unplanes, or other vehicles, did the organization file a Form 1096-C?       7h       X         f       If the organization have excess busines holdings at any time during the year?       8       9         9       Sponsoring organization maintaining door divised funds.       10d due sponsoring organization make any table distributions under section 496?       9a         9       Sponsoring organization make any table distributions under section 496?       9a       9b       10         10       the sponsoring organization make any table distributions under sec  | 0a   |   | 60              |     | x          |
| were not tax deductible?       6b         7       Organizations that may receive deductible contribution under section 170(cl)       7a       X         b lift he organization receive a payment in excess of \$75 made parity as a contribution and narrowlor goods and services provided to the payor?       7b       7b         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d if "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization receive any funds, directly or indirectly, proper personal benefit contract?       7r       X         f Did the organization received a contribution of qualifier Intel exclus property, did the organization file Form 8899 as required?       7h       X         f If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 1098-C?       7h       X         g If the organization make any takable distributions under section 4966?       9a       9a       9a         9 Sponsoring organization make any takable distributions under section 4966?       9a       9b       9a       9b         10 section 501(c)(7) organization make any takable distributions on druksor, or related person?       9b       1b       1ba       1ba         11 Section 501(c)(2) organizations file a distribution to a donor, donor advisor, or related person?       9b <t< td=""><td>h</td><td></td><td>Ua</td><td></td><td></td></t<>   | h    |   | Ua              |     |            |
| 7       Organizations that may receive deductible contributions under section 170(c)       7a       X         a Did the organization receive a payment in excess of \$75 made partly as a contribution and parto for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible parsonal broperty for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7c       X         f Did the organization receive any funds, directly or indirectly, torpay premiums on a personal benefit contract?       7c       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         f Did the sponsoring organization mate antitating door advised funds.       8       8       8         9       Sponsoring organization make ant taxable distributions under section 4966?       9a       9b       9b         9       Did the sponsoring organization make ant taxable distributions under socian 4966?       9a       9b       9c  | D    |   | Gh              |     |            |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible parsonal property for which it was required to file Form 8282?       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7c       X         g Did the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract?       7c       X         g If the organization receive a contribution of qualified intelectual property, did the organization file a Form 1098-C?       7d       7d       7d         8 Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9a       9a       9a   | 7    |   | 00              |     |            |
| b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, torpay premiums on a personal benefit contract?       7c       X         f       Did the organization, during the year, pay premiums, directly or ludirectly, on a personal benefit contract?       7c       X         g       If the organization received a contribution of qualified inteloctual property, did the organization file Form 8899 as required?       7h       X         g       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund anintained by the sponsoring organization make any takable distributions under section 4966?       9a       9b         g       Sponsoring organizations included on Part VIII, line 12       10a       10b       9b         Did the sponsoring organizations. Enter:       a Gross income from members or shareholders       11a       10a       11b         12a       If the organization locked the organization file porm 1041?       12a       12a       12a         13 Section 501(c)(12) organizations. Enter:       a Gross  |      |   | 70              |     | x          |
| c       Did the organization sell, exchange, or otherwise dispose of tangible period al property for which it was required to file Form 8282?       7c       X         d       ff "Yes," indicate the number of Forms 8282 filed during the year  |      |   |                 |     | - 23       |
| to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required?       7g       7h       X         g If the organization received a contribution of cars, boas, anplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization have excess businesh holdings at any time during the year?       8       9         9 Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         b Did the sponsoring organizations included on Part VIII, line 12       10a       10a       10a         19 Section 501(c)(7) organizations. Enter:       10a       10b       11a       12a         11 Section 501(c)(12) organizations. Enter:       11a       11a       12a       12a       12a       12a       13a       12a       13a   |      |   | 70              |     |            |
| d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, torpay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of qualified intelectual property, did the organization file a Form 8899 as required?       7n       X         f Did the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         g If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         8 Sponsoring organizations maintaining donor advised funds.       0       9a       9         9 Sponsoring organization make and taxable distributions under section 4966?       9a       9a         b Did the sponsoring organizations. Enter:       10a       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11b       12a         12 Section 501(c)(12) organizations. Enter:       11b       11b       12a       12a         13 Section 501(c)(12) organizations. Enter:       11b       11b       12a       12a       1   | С    |   | 7-              |     | v          |
| e Did the organization receive any funds, directly or indirectly, terpay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         n If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         8 Sponsoring organizations maintaining donor advised funds.       7       8       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       X         9 bid the sponsoring organizations make any taxable distributions under section 4966?       9a       X         10 d the sponsoring organizations. Enter:       10a       10a       10a       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10b       10b       10b       10b       10c       10c </th <th>ام</th> <th></th> <th>70</th> <th></th> <th></th>   | ام   |   | 70              |     |            |
| f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g       7h       X         n       If the organization received a contribution of cars, boots, arplanes, or other vehicles, did the organization file Form 8899 as required?       7h       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8         9       Sponsoring organizations maintaining donor advised funds.       9a       9b       9b         10       section 501(c)(7) organizations. Enter:       10a       9b       9b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       11a       10b       11a       10b       11a       12a       11a       11b       12a       12a       11a       12a       12a       12a       11a       12a   |      |   | 7.              |     | v          |
| If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization have excess businesh holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital controlutions included on Part VIII, line 12       10a         b Gross income from members or shareholders       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         14 fi "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13a       13a         14a       X         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is lic  |      |   |                 |     |            |
| h       If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a         12       Gross income from members or shareholders       11a       11b       12a         13       Gross income from nembers or shareholders       11b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a         14       Types," 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 in more than one state?       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a   |      |   |                 |     |            |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         11       Section 501(c)(12) organizations. Enter:       10b         11       Section 501(c)(12) organizations. Enter:       11a         12       Gross income from members or shareholders       11a         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13       Is the organization iccused 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.       13b         13       Ent   | •    |   |                 |     |            |
| sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining door advised funds.       9a         a       Did the sponsoring organization make any takable distributions under section 4966?       9a         b       Did the sponsoring organization make any takable distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       12a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       b       fi "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         b       Enter the amount of   |      |   | <u>/n</u>       |     |            |
| 9       Sponsoring organizations maintaining donor advised funds.       9a       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b       9b         10       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a       10a         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       11a       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         13       Gross income from members or shareholders       11b       11b       12a       12a         14       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         15       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       Did the orga  | 8    |   |                 |     |            |
| a Did the sponsoring organization make any takable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations, Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         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.       13b         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         c Enter the amount of reserves on hand       13c       13a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X   | •    |   | 8               |     |            |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       11b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         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.       13a         b Enter the amount of reserves on hand       13c         14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b  |      |   |                 |     |            |
| 10       Section 501(c)(7) organizations, Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         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  |      |   |                 |     |            |
| a Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a         a Gross income from members or shareholders       11a       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       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       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       14a       14a       X         b If "Yes," has it filed a Form 720 to report these payments?   |      |   | 90              |     |            |
| b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       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       13b       13b         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X   |      |   |                 |     |            |
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| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       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         c       Enter the amount of reserves on hand       13c         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  |      |   | 12a             |     |            |
| 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  |      |   |                 |     |            |
| 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       13b         c       Enter the amount of reserves on hand       13c       14a       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X       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       X  | а    |   | 13a             |     |            |
| organization is licensed to issue qualified health plans       13b       13b       13b         c       Enter the amount of reserves on hand       13c       14a       13c       14a         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   |      |   |                 |     |            |
| 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        | <b>⊥</b>           | 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?<br>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<br>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<br>9               | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r   |        |          | <br>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 <b>?</b>        | 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<br>14             | Did the organization have a written document retention and destruction policy?  |        |          |                    | 14        | X    | -     |
| 1 <del>4</del><br>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?<br>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<br>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<br>Pos       | ر<br>itior   | 'n                              |          | (D)                             | (E)                              | (F)                      |
| Name and Title            | Average                |                                | not c                  | heck            | more         | than                            |          | Reportable                      | Reportable                       | Estimated                |
|                           | hours per              |                                |                        | ss pe<br>nd a d |              |                                 |          | compensation                    | compensation                     | amount of                |
|                           | week                   |                                |                        |                 |              |                                 | ,        | from                            | from related                     | other                    |
|                           | (list any              | irecto                         |                        |                 |              |                                 |          | the                             | organizations<br>(W-2/1099-MISC) | compensation             |
|                           | hours for<br>related   | or d                           | ee                     |                 |              | sated                           |          | organization<br>(W-2/1099-MISC) | (W-2/1099-10115C)                | from the<br>organization |
|                           |                        | ustee                          | trust                  |                 | ee           | neur                            |          | (00-2/1099-00130)               |                                  | and related              |
|                           | organizations<br>below | ual tr                         | ional                  |                 | ploy         | t con                           |          |                                 |                                  | organizations            |
|                           | line)                  | Individual trustee or director | In stitutional trustee | Officer         | Key employee | Highest compensated<br>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 <b>990</b> (2017)   |

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| -   | 990 (2017) CHILDREN   |  |                                |                        |         |                                  |                                 |        |   | **_*  | **1         | 510              | Pa   | age <b>8</b>   |
|-----|---|--|--------------------------------|------------------------|---------|----------------------------------|---------------------------------|--------|---|---|-------------|------------------|--|----------------|
| Par | t VII Section A. Officers, Directors, Trus  |  | ploy                           | ees                    |         |                                  | ghe                             | st C   |   |   | <del></del> |                  |  |                |
|     | <b>(A)</b><br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not c<br>unle          | ss pe   | ition<br><sup>more</sup><br>rson | than o<br>is botl<br>pr/trus    | n an   | (D)<br>Reportable<br>compensation<br>from | <b>(E)</b><br>Reportable<br>compensatic<br>from related | on          | an               | (F)<br>stimate<br>nount o<br>other                 |                |
|     |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer | Key employee                     | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC)    | organization<br>(W-2/1099-MIS                           |             | fr<br>org<br>and | pensa<br>om the<br>anizati<br>d relate<br>anizatio | e<br>ion<br>ed |
|     |   |  |                                |                        |         |                                  |                                 |        |   |   |             |                  |  |                |
|     |   |  |                                |                        |         |                                  |                                 |        |   |   |             |                  |  |                |
|     |   |  |                                |                        |         |                                  |                                 |        |   | 4   |             |                  |  |                |
|     |   |  |                                |                        |         |                                  |                                 |        | $C^{0}$                                   |   |             |                  |  |                |
|     |   |  |                                |                        |         |                                  |                                 |        | <sup>o</sup>                              |   |             |                  |  |                |
|     |   |  |                                |                        |         |                                  | C                               |        |   |   |             |                  |  |                |
| 1b  | Sub-total   |  |                                |                        |         |                                  | )                               |        | 79,854.                                   |   | 0.          |                  |  | 0.             |
|     | Total from continuation sheets to Part VI<br>Total (add lines 1b and 1c)                      |  |                                |                        | )       |                                  |                                 |        | 0.<br>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 <b>former</b> 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<br>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<br>the organization. Report compensation for t  | -  |                                |                        |         |                                  |                                 |        |   |   | ipensa      | ation f          | rom  |                |
|     | (A)<br>Name and business  | address  | NC                             | ONE                    | 2       |                                  |                                 |        | <b>(B)</b><br>Description of s            | ervices   | C           | (C<br>ompei      | <b>;)</b><br>nsatio                                | n              |
|     |   |  |                                |                        |         |                                  |                                 | _      |   |   |             |                  |  |                |
|     |   |  |                                |                        |         |                                  |                                 |        |   |   |             |                  |  |                |
|     |   |  |                                |                        |         |                                  |                                 |        |   |   |             |                  |  |                |
| 2   | Total number of independent contractors (ii \$100,000 of compensation from the organiz        | •  | ot lii                         | nite                   | d to    |                                  | se lis<br>)                     | stec   | above) who received n                     | nore than   |             |                  |  |                |
|     |   | · •  |                                |                        |         |                                  |                                 |        |   |   |             | Form             | <b>990</b> (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)<br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| nts<br>nts  | 1 a      | Federated campaigns                            | 1a              |                    |                      |  |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |          | Membership dues                                |                 |                    |                      |  |  |  |
| Å, O  |          | Fundraising events                             |                 |                    |                      |  |  |  |
| ar ,  |          | Related organizations                          |                 |                    |                      |  |  |  |
| s, C  |          | Government grants (contribut                   |                 |                    |                      |  |  |  |
| ion<br>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<br>b |  |                 |                    |                      |  |  |  |
| Program Service<br>Revenue                                |          |  |                 |                    |                      | •  |  |  |
| E a   | с<br>С   |  |                 |                    |                      |  |  |  |
| gra<br>Re   | d        |  |                 |                    |                      |  | )  |  |
| Pro   | e<br>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 \$<br>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.               |                 | <b>•</b>           | 3,684,963.           | 0.   | 0.   | 66,195.  |
| 73200   | 9 11-28  |  |                 |                    |                      |  |  | Form <b>990</b> (2017)   |

09441107 781823 49256500.0 2017.04030 CHILDREN, INCORPORATED 49256501

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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,<br>8b, 9b, and 10b of Part VIII.  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1             | Grants and other assistance to domestic organizations<br>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   | <b>)</b>                     |   |  | -                                     |
| 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<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>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><br>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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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                  |                                 |        |                           |
|                             |        |   | <b>(A)</b><br>Beginning of year |        | <b>(B)</b><br>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<br>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<br>8 | Notes and loans receivable, net   |                                 | 8      |                           |
|                             | 9      | Inventories for sale or use<br>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 <b>990</b> (2017)    |

Form **990** (2017)

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| Form | 1990 (2017) CHILDREN, INCORPORATED  | **_***    | 1510         | Pa  | ge <b>12</b> |
|------|---|-----------|--------------|-----|--------------|
| 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?                     |           | . <b>2</b> 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                                   |           | . <b>2</b> 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?                      |           | . <b>2</b> 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?   |           | <b>3a</b>    |     | 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                            |           | . <b>3</b> b |     |              |
|      |   |           | Form         | 990 | (2017)       |
|      |   |           |              |     |              |
|      |   |           |              |     |              |
|      |   |           |              |     |              |
|      | $\sim$  |           |              |     |              |
|      |   |           |              |     |              |
|      |   |           |              |     |              |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

| (Form | 990 | or | 990- | ·EZ) |
|-------|-----|----|------|------|
|-------|-----|----|------|------|

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

|   | 2017                         |  |  |  |  |  |  |  |
|---|------------------------------|--|--|--|--|--|--|--|
|   | Open to Public<br>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 <b>sectio</b> | on 170(b)( <sup>.</sup>           | 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 <b>s</b> 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 <b>sectio</b>                | 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 <b>s</b>                     | 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 <b>section 509(a)(1)</b> 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   |   | <b>Type I.</b> 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   |   | <b>Type II.</b> 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). <b>You must complete l</b>                         | Part IV, Se        | ections A,                        | D, and E.       |                |                            |
| d   |   | Type III non-functionally   | <b>y integrated.</b> 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). <b>You must co</b> r | nplete Part IV, Sections                               | s A and D,         | , and Part                        | <b>V</b> .      |                |                            |
| 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<br>(described on lines 1-10 |                    | inization listed<br>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

2017.04030 CHILDREN, INCORPORATED

#### 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>(b)</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>(b)</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                  | <b>98.95</b> % |
| 15          | Public support percentage from 2016          | Schedule A, Part      | II, line 14          |                                  |                     | 15                  | 98.83 %        |
| <b>16</b> a | 33 1/3% support test - 2017. If the c        | organization did no   | ot check the box or  | n line 13, and line <sup>-</sup> | 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 <b>stop h</b>        | 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      |                       |                      |                                  |                     |                     |                |
|             | <b></b>                                      |                       |                      |                                  |                     | dulo A (Eorm 990    |                |

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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) 🕨   | <b>(a)</b> 2013           | <b>(b)</b> 2014      | (c) 2015                   | (d) 2016               | (e      | <b>e)</b> 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,<br>dividends, payments received on<br>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<br>activities not included in line 10b<br>whether or not the business is<br>regularly carried on |                           |                      |                            |                        |         |                  |                   |
| 12   | Other income. Do not include gain   |                           |                      |                            |                        |         |                  |                   |
|      | or loss from the sale of capital  |                           |                      |                            |                        |         |                  |                   |
| 13   | assets (Explain in Part VI.)<br>Total support. (Add lines 9, 10c, 11, and 12.)  |                           |                      |                            |                        |         |                  |                   |
|      |   | the execution             | l                    | l<br>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   | <b>17</b> (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 |
| 520  | 20 10-00-17   |                           |                      | 15                         | 3016                   | cuule   |                  | 01 330-LZj 2011   |
| 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 <b>Part VI.</b>  | 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or          |          |        |      |
|       | controlled the organization's activities. If the organization had more than one supported organization,                       |          |        |      |
|       | describe how the powers to appoint and/or remove 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 <b>Part VI</b> the role played by the organization in this regard.      | 3b       |        |      |
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|       | 17  |          |        |      |

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### 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<br>(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<br>(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).

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| 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)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>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

732027 10-06-17

### 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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| 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                      |
| <b>Organizations Maintaining Donor Advise</b>         | 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>b)</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<br>5 | Number of states where property subject to conservation ea<br>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              |
|        | ► \$ <b></b>   | 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 <sup>.</sup> | 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 <b>2</b> |
|---------|--|---------------------------------|------------------------------------|---------------|-----------------------|----------------|---------------------------|-------------|-------------------|--------|--------------|
| Par     | t III Organizations Maintaining C  | collections of A                | rt, His                            | torical Tr    | reasure               | es, or Oth     | er Simil                  | ar Asse     | <b>ts</b> (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<br>f  | Distributions during the year  |                                 |                                    |               |                       |                | <u>1e</u><br>1f           |             |                   |        |              |
| י<br>29 | Ending balance<br>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  | ,                               |                                    |               | <b>V</b>              | ,              |                           | ,           |                   | ,      |              |
| 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<br>basis (investr |                                    | . ,           | t or other<br>(other) |                | Accumulate<br>epreciation |             | ( <b>d)</b> Boo   | k valu | е            |
| 10      | Land   |                                 | nong                               | 04315         |                       |                | presiation                |             |                   |        |              |
|         | Land   |                                 |                                    |               |                       |                |                           |             |                   |        |              |
|         | Buildings<br>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 <sup>-</sup>                            |                        |
|                 | 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 <sub>Pa</sub> |
|---|----------------------------|----------|----------------|-------------|-----------------------|
| Part XI Reconciliation of Revenue per Audit   |                            |          | Revenue per l  | Return      | •                     |
| Complete if the organization answered "Yes" on  |                            |          |                | <del></del> |                       |
| <b>1</b> 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        |             |                       |
| <ul><li>a Net unrealized gains (losses) on investments</li><li>b Donated services and use of facilities</li></ul>                 |                            | ·····    | 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>b</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          |                       |
| <ul> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> </ul>   |                            |          |                | 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       |                |             |                       |
| <ul> <li>b Other (Describe in Part XIII.)</li> </ul>  |                            | 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;<br>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)      |
| 41107 781823 49256500.0 201   | 28<br>7.04030 CHIL         | DREN. IN | ICORPORATE     |             | 492565                |

\*\*-\*\*\*1510 Page 4

| 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<br>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<br>(by type) (such as, fundraising, pro-     |                  | vity listed in (d)<br>gram service, | (f) Total<br>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<br>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>b</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

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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<br>BOLIVIA | CHILD SPONSORSHIP<br>CHILD SPONSORSHIP | 32,392.<br>196,705. | WIRE TRANSFER | 0.                |      |
|---|------------------------|--|---------------------|---------------|-------------------|------|
|   | BOLIVIA                |  |                     | 2             |                   |      |
|   |                        | CHILD SPONSORSHIP                      | 196,705.            | WIRE TRANSFER | 0.                |      |
|   |                        | CHILD SPONSORSHIP                      | 196,705.            | WIRE TRANSFER | 0.                |      |
|   |                        |  |                     |               |                   |      |
|   | <br>                   |  | .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         |                     |               |                   |      |
| <ul><li>By the IRS, or for which</li><li>Benter total number of other</li></ul> |                        | tion 501(c)(3) equivalency lette       | ۹۲                  |               | ······ <b>F</b> _ | <br> |

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<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (a) Pagion             | <b>(d)</b> Purpose of<br>grant | (e) Amount      | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM\<br>appraisal, other) |
|                               |   |                        |                                |                 |                                 |   |  |  |
|                               |   | CHILE                  | CHILD SPONSORSHIP              | 50,478.         | WIRE TRANSFER                   | 0.                                      |  |  |
|                               |   | COLOMBIA               | CHILD SPONSORSHIP              | 24,114.         | WIRE TRANSFER                   | 0.                                      |  |  |
|                               |   | DOMINICAN<br>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<br>may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign<br>Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign<br>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,"<br>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To<br>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<br>"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see<br>Instructions for Form 5713; don't file with Form 990)   | 🗌 Yes          | X No        |
|   |  | chedule F (For | m 990) 2017 |

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| 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  |                             |
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| 732075 10-06-17<br><b>36</b>  | Schedule F (Form 990)       |
| 41107 781823 49256500.0 2017.04030 CHILDREN, INCORPOR   | ATED 492565                 |

| SCHEDULE I<br>(Form 990)   | Go                    | Grants and Oth<br>vernments, an<br>lete if the organizatio | nd Individual                     | ls in the Ŭni                           | ted States   |                                       | OMB No. 1545-0047                           |
|--|-----------------------|--|-----------------------------------|---|--|---------------------------------------|---|
| Department of the Treasury<br>Internal Revenue Service   | -                     |  | Attach to For<br>s.gov/Form990 fo | m 990.                                  |  |                                       | Open to Public<br>Inspection                |
| Name of the organization CHILDREN,   | INCORPOR              | RATED  |                                   |   |  |                                       | Employer identification number<br>**-**1510 |
| Part I General Information on Grants a   | and Assistance        |  |                                   |   |  |                                       |   |
| <ol> <li>Does the organization maintain records<br/>criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's provided in the second s</li></ol> | 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                                     |   |
| <b>1 (a)</b> Name and address of organization or government  | (b) EIN               | (c) IRC section<br>(if applicable)                         | (d) Amount of<br>cash grant       | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>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<br>2307 BOBCAT LANE<br>VACKSON, KY 41339 |            |           |         |     | (book, FMV,<br>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;<br>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.<br>ENNICE, NC 28623                       | **-***0823 | 115(1)    | 8,776.  | 0.  |                                  | CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS |

Schedule I (Form 990)

#### CHILDREN, INCORPORATED

| ,                                  | , INCORPOR       |                                  | nizationa in the U                      | nited Ctates (Cab                       |   |  | *-***1510 Page  |
|--|------------------|----------------------------------|---|---|---|--|---|
| 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<br>if applicable | (d) Amount of<br>cash grant             | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |
| HERALD WHITAKER MIDDLE SCHOOL<br>221 HORNET DR.                          |                  |                                  |   |   |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;                              |
| SALYERSVILLE, KY 41465   | **-**1353        | 115(1)                           | 15,875.                                 | 0.                                      |   |  | EDUCATIONAL NEEDS SUCH AS   |
| HINDMAN ELEMENTARY SCHOOL, KY<br>P.O. BOX 816                            |                  |                                  |   |   | 5   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;                              |
| HINDMAN, KY 41822  | **-***1297       | 115(1)                           | 10,786.                                 | 0.                                      | N ·   |  | EDUCATIONAL NEEDS SUCH AS   |
| JOHNS CREEK ELEMENTARY SCHOOL<br>8302 META HWY.                          |                  |                                  |   |   |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;                              |
| PIKEVILLE, KY 41501  | **-***1345       | 115(1)                           | 9,712.                                  | 0.                                      |   |  | EDUCATIONAL NEEDS SUCH AS   |
| JOHNSON CENTRAL HIGH SCHOOL<br>257 N. MAYO TRAIL                         |                  |                                  |   |   |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;                              |
| PAINTSVILLE, KY 41240  | **-***1343       | 115(1)                           | 5,621.                                  | 0.                                      |   |  | EDUCATIONAL NEEDS SUCH AS   |
| KAYENTA COMMUNITY SCHOOL<br>P.O. BOX 188                                 |                  |                                  |   |   |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;                              |
| KAYENTA, AZ 86033  | **-***1849       | 501(C)(3)                        | 7,466.                                  | 0.                                      |   |  | EDUCATIONAL NEEDS SUCH AS   |
| KNOTT COUNTY CENTRAL HIGH SCHOOL<br>75 PATRIOT LANE<br>HINDMAN, KY 41822 | **-***1297       | 115(1) <b>C</b>                  | 11,692.                                 | 0.                                      |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS |
| LAKE VALLEY BOARDING SCHOOL<br>P.O. BOX 748                              |                  |                                  | 11,052.                                 |   |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;                              |
| CROWNPOINT, NM 87313   | **-**7413        | 501(C)(3)                        | 7,002.                                  | 0.                                      |   |  | EDUCATIONAL NEEDS SUCH AS   |
| LBJ ELEMENTARY SCHOOL  |                  |                                  |   |   |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS  |
| 90 LEJ RD.<br>JACKSON, KY 41339  | **-***0130       | 115(1)                           | 7,105.                                  | 0.                                      |   |  | CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS   |
|  |                  |                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |   |  | PROVIDES BASIC AND HEALT  |
| MAGOFFIN CO. HIGH SCHOOL<br>201 HORNET DR.                               |                  |                                  |   |   |   |  | RELATED NEEDS SUCH AS<br>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>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>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>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>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<br>I   | art II.)                               |   |
| (a) Name and address of organization or government                        | <b>(b)</b> EIN       | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance  |
| MANY FARMS COMMUNITY SCHOOL<br>P.O. BOX 70<br>MANY FARMS, AZ 86538        | **-***2636           | 501(C)(3)                        | 8,494.                          | 0.   |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS |
| VALLEY ELEMENTARY SCHOOL<br>163 DOUGLAS PARKWAY<br>PIKEVILLE, KY 41501    | **-***1345           | 115(1)                           | 9,658.                          | 0.   | 6   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS |
| MORGAN CENTRAL ELEMENTARY<br>3201 HWY 460 WEST<br>WEST LIBERTY, KY 41472  | **_***1441           | 115(1)                           | 5,944.                          |  |   |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS  |
| MORRIS JEFF COMMUNITY SCHOOL<br>P.O. BOX 792800<br>NEW ORLEANDS, LA 70179 | **-***7054           | 501(C)(3)                        | 6 , 502                         |  |   |  | PROVIDES BASIC AND HEALTH<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS |
| NORTH MAGOFFIN ELEMENTARY<br>1991 HWY 460 W<br>SALYERSVILLE, KY 41465     | **-***1353           | 115(1)                           | 8,636.                          | 0.   |   |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS  |
| BOWMAN MIDDLE SCHOOL<br>410 S. MITCHELL AVE.<br>BACKERSVILLE, NC 28705    | **-***1075           | 115(1) <b>C</b>                  | 6,192.                          | 0.   |   |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH A   |
| BOYD COUNTY MIDDLE SCHOOL<br>12307 MIDLAND TRAIL<br>ASHLAND, KY 41102     | **-***1260           | 115(1)                           | 5,377.                          | 0.   |   |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS  |
| MARIANO LAKE COMMUNITY SCHOOL<br>P.O. BOX 787<br>CROWNPOINT, NM 87313     | **-***7413           | 501(C)(3)                        | 9,682.                          | 0.   |   |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS  |
| MARTIN COUNTY MIDDLE SCHOOL<br>P.O. BOX 63 ROUTE 40<br>WARFIELD, KY 41267 | **-***1302           | 115(1)                           | 14,595.                         | 0.   |   |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>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>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>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<br>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>(b)</b> EIN                     | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance   |
| BELFRY ELEMENTARY SCHOOL<br>70 STATE HWY 319<br>BELFRY, KY 41514             | **-***1345                         | 115(1)                           | 6,460.                   | 0.                                      |  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH AS |
| BERINS ELEMENTARY SCHOOL<br>1725 E. BIG CREEK RD<br>SIDNEY, KY 41564         | **-***1345                         | 115(1)                           | 8,353.                   | 0.                                      | To to  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH A  |
| BOYD COUNTY HIGH SCHOOL<br>12307 MIDLAND TRAIL<br>ASHLAND, KY 41102          | **-***1260                         | 115(1)                           | 5,176.                   | 0.                                      |  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH A  |
| FALLSBURG ELEMENTARY SCHOOL<br>5869 N HWY 3<br>LOUISA, KY 41230              | **-***1315                         | 115(1)                           | 5,332                    |   |  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH A  |
| OWINGSVILLE ELEMENTARY SCHOOL<br>50 CHENAULT DR<br>OWINGSVILLE, KY 40360     | **-***1134                         | 115(1)                           | 5,062.                   | 0.                                      |  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH A  |
| PIKE CENTRAL HIGH SCHOOL<br>100 WINNERS CIRCLE<br>PIKEVILLE, KY 41501        | **-***1345                         | 115(1)                           | 6,405.                   | 0.                                      |  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH A  |
| ROY EVERSOLE ELEMENTARY SCHOOL<br>325 SCHOOL ST<br>HAZARD, KY 41701          | **_**1412                          | 115(1)                           | 6,367.                   | 0.                                      |  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH A  |
| CRUM PK-8 SCHOOL<br>150 CRUM ROAD<br>CRUM, WV 25669                          | **-***0409                         | 115(1)                           | 5,379.                   | 0.                                      |  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>EDUCATIONAL NEEDS SUCH A  |
| CHARLES HART MIDDLE SCHOOL<br>601 MISSISSIPPI AVE SE<br>WASHINGTON, DC 20032 | **_**1131                          | 115(1)                           | 6,106.                   | 0.                                      |  |  | PROVIDES BASIC AND HEALT<br>RELATED NEEDS SUCH AS<br>CLOTHING, SHOES, FOOD;<br>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.<br>Part III can be duplicated if additional space is needed. |                          |                                 |                                       |   |                                       |  |  |
|---|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|--|--|
| (a) Type of grant or assistance   | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |
|   |                          |                                 |                                       | 3   |                                       |  |  |
|   |                          |                                 | C                                     | ,ox   |                                       |  |  |
|   |                          |                                 |                                       |   |                                       |  |  |
|   |                          |                                 | 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

Schedule I (Form 990) (2017)

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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  |
| 732291<br>04-01-17 Schedule I (Form 990                                   |
| 47<br>441107 781823 49256500.0 2017.04030 CHILDREN, INCORPORATED 49256501 |

Schedule I (Form 990)

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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 <b>2</b> |
|--|-------------------------|
| 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

|      |      | rm 990) |      |           |       |       | INCORP  | ORATED |     |       |         | * *     | *-***1510 | Page |
|------|------|---------|------|-----------|-------|-------|---------|--------|-----|-------|---------|---------|-----------|------|
| 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

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## 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<br>04-01-17 |                 |   |          | Schedule I (Form 990) |
|                    |                 | 58                                      |          |                       |

09441107 781823 49256500.0 2017.04030 CHILDREN, INCORPORATED

| SCHEDULE O<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 990<br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or 990-EZ.<br>Go to www.irs.gov/Form990 for the latest information. | -EZ    | OMB No. 1545-0047<br><b>2017</b><br>Open to Public<br>Inspection |
|--|---|--------|--|
| Name of the organizatior   | CHILDREN, INCORPORATED  |        | identification number<br>**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.   |        |  |
|  |   |        |  |

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

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| 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<br>441107 781823 49256 | 500 0 | 2017 0/02 | 60<br>CHILDREN | INCORPORATED  | n 990 or 990-EZ) (2017)<br>49256501 |
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