Department of the Treasury

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, and ending JUN 30, 2016 Open to Public Inspection

B c	heck if pplicable:	C Name of organization		D Employer identifie	cation number				
v	¬Address	CHILDREN, INCORPORATED							
	_change ∏Name			54-0	761510				
	_lchange ∏Initial	Doing business as		E Telephone number					
	_return ∃Final	Number and street (or P.O. box if mail is not delivered to street address) 11513 ALLECINGIE PARKWAY	om/suite	359-4562					
	⊐return/ termin-				6,074,131.				
	ated ∏Amende	City or town, state or province, country, and ZIP or foreign postal code NORTH CHESTERFIELD, VA 23235	-						
	⊒return ∏Applica			H(a) Is this a group re					
	⊥tión pending	SAME AS C ABOVE							
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or Le: ► WWW • CHILDRENINCORPORATED • ORG	527	· ·	list. (see instructions)				
		organization: X Corporation Trust Association Other	I Voor o	H(c) Group exemption	State of legal domicile: VA				
		Summary	L Year C	or formation. 1904 N	State of legal doffliche. VA				
1 6		Briefly describe the organization's mission or most significant activities: ${ t TO t PRC}$	NALDE.	FUNDING TO	меет тие				
Se	'	BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHE	SD CH	TIDREN	MBBI IIIB				
Governance	-	Check this box if the organization discontinued its operations or disposed							
Ver	l			/ 1	9				
		Number of independent voting members of the governing body (Part VI, line 1a)			9				
م		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			19				
ij.		otal number of individuals employed in calendar year 2013 (Fait V, line 2a)			270				
Activities &		otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.				
¥		Net unrelated business taxable income from Form 990-T, line 34			0.				
	<u> </u>	Net difference business taxable income from 1 offi 350-1, life 54		Prior Year	Current Year				
•	8 (Contributions and grants (Part VIII, line 1h)		3,535,671.	5,332,966.				
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.				
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		854.	82,446.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,536,525.	5,415,412.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,428,529.	2,367,501.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		915,947.	914,278.				
Expenses		Professional fundraising fees (Part IX. column (A), line 11e)		0.	0.				
be		otal fundraising expenses (Part IX, column (D), line 25) 299,897	7.						
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		468,365.	888,109.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,812,841.	4,169,888.				
	19 F	Revenue less expenses. Subtract line 18 from line 12		-276,316.	1,245,524.				
or				ginning of Current Year	End of Year				
sets	20 T	otal assets (Part X, line 16)		4,759,881.	5,925,335.				
ASS d Ba	21 ⊺	otal liabilities (Part X, line 26)		24,124.	32,762.				
Net Assets or Fund Balances	22 N	Net assets or fund balances. Subtract line 21 from line 20		4,735,757.	5,892,573.				
Pa	rt II	Signature Block							
Und	er penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, 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	n preparer	has any knowledge.					
Sig	ו ו	Signature of officer		Date					
Her	e	RONALD H. CARTER, PRESIDENT AND CEO							
		Type or print name and title	- 15	oto I	LI DTIN				
		Print/Type preparer's name Preparer's signature		ate Check C	PTIN				
Paid	-	JENNIFER R. FILES, CPA		self-employe					
		Firm's name YOUNT, HYDE & BARBOUR, P.C.		Firm's EIN ▶	54-1149263				
Use	Only	Firm's address P.O. BOX 2560			0 660 2415				
		WINCHESTER, VA 22604-1760		Phone no. 54	0-662-3417				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ARRANGE AND PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE
	BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED CHILDREN
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,415,670 • including grants of \$ 2,367,501 •) (Revenue \$)
4a	(Code:) (Expenses \$ 3,415,670. including grants of \$ 2,367,501.) (Revenue \$) ARRANGING AND PROVIDING FUNDING FOR SUPPLIES AND SERVICES TO MEET THE
	BASIC AND EDUCATIONAL NEEDS OF APPROXIMATELY 20,000 IMPOVERISHED
	CHILDREN IN 300 LOCATIONS, HALF IN THE UNITED STATES AND HALF IN OTHER
	COUNTRIES.
4b	
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,415,670.
	Form 990 (2015)

Form 990 (2015) CHILDREN, IN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	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	44.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
u	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19	000	X

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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		X
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
	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			7.7
	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			
	Schedule L, Part I	25b		Х
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		х
07	complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, of to a 35% controlled entity or family member	27		х
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		22
28	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v					Ш		
					Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming		v			
_	(gambling) winnings to prize winners?	 I		1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		19					
	filed for the calendar year ending with or within the year covered by this return	2a		Oh	Х			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned.			2b	22			
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructional Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a	SD				
- a	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x		
h	If "Yes," enter the name of the foreign country:	accou	/ · · · · · · · · · · · · · · · · · · ·	-Tu				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		110 (110)	5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action		5b		Х		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he ora	anization solicit					
	any contributions that were not tax deductible as charitable contributions?) "		6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	r gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	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				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e 7f		X		
f	,,,,,,,,							
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, airp			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e					
^	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			00				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b				
b 10	Section 501(c)(7) organizations. Enter:			an				
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		•					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
	• • • • • • • • • • • • • • • • • • • •			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b	265	<u> </u>		
				Form	990	(2015)		

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.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 9 9 9 9 9 9 9 9 9		Check if Schedule O contains a response or note to any line in this Part VI			X
table are material differences in underly other governing body at the end of the tax year if there are material differences in underly quite among members of the governing body, of life governing body delegated broad authority to an executive committee or similar committee, epitain in Schedule 0. b First the number of voting members included in line 1a, above, who are independent Committee, or first, or the properties of the properties of the properties of the committee or similar committee, epitain in Schedule 0. Did any officien, director, furstee, or key employee? 2 X 3 In the congruind of the properties of the properties of the properties of the committee of the difference of the committee of the comm	Sec				
If there are material differences in voting rights among members of the governing body, or if the governing body deglated broad authority to an exclusive committee or similar committee or difference or fuerous control over management during the sub-interest calculations with any other officer, director, incusion, or key employee have a family relationship or a business relationship with any other officer, director, or frustees, or key employee? 2				Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Effect the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, insulate, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3	1a	Enter the number of voting members of the governing body at the end of the tax year la			
b Enter the number of voting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a significant diversion of the organization sassets? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint order more members of the poverning body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization contemporations by down with the members of the poverning body? 8 Did the organization diversion of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization that the governing body? 8 Did the organization that the governing body? 9 Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who damnet be reached at the organization reserved the management duties and procedures of which are the management duties of such chapters, affiliates, and branches to ensure their operations are consistent with the governing body before filing the form? 10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the governing body before filing the form? 10b Did the process to ensure		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
officer, director, trustes, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint onksol more members of the governing body? 5 D Are any governance decisions of the organization reserved to (or subject to approval by) members, stackholders, or persons other than the governing body? 8 D Are any governance decisions of the organization reserved to (or subject to approval by) members, stackholders, or persons other than the governing body? 8 D Are any governance decisions of the organization reserved to for subject to approval by) members, stackholders, or persons other than the governing body? 8 D Each committee with authority to act on behalf of the governing body? 9 S Is there any officer, director, trustee, or key employee isted in Part VII. Section A, who earned the reserved to the government of t	b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? *** **No,** go to line 13** b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written doculment retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶VA, AK, AL, AZ, CA, CT, FL, TL, MA, MD, ME, MT 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website	112		—	X	
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13	_		12c	Х	
14	13			Х	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	1	d organization compensa					nsat	ated any current officer, director, or trustee.					
(A)	(B)	(C)						(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss person is both an ad a director/trustee)			h an	compensation	compensation	amount of			
	week					1	100,	from	from related organizations	other			
	(list any hours for	or director				_		the organization	(W-2/1099-MISC)	compensation from the			
	related	3e or	stee			ısate		(W-2/1099-MISC)	(** 27 1000 141100)	organization			
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee		,		and related			
	below	idual	tution	er	omple	est co loyee	ıer			organizations			
	line)	Indiv	Insti	Officer	Key 6	High emp	Former						
(1) CAROLYN BROWN	1.00												
DIRECTOR		Х						0.	0.	0.			
(2) LYNN L. CLAYTON	3.00				١.								
SECRETARY		Х		Х				0.	0.	0.			
(3) ELIZABETH COLLINS	5.00	,,		1.0	7					•			
CHAIR CHAIR	1.00	Х		X)			0.	0.	0.			
(4) KESIA GWALTNEY DIRECTOR	1.00	\mathbf{x}		V				0.	0.	0.			
(5) SHANTELL MALACHI	1.00	Δ	D					0.	0.	0.			
VICE-CHAIR	1.00	x	Y .	x				0.	0.	0.			
(6) VICTOR ROGERS	1.00	-											
DIRECTOR		х						0.	0.	0.			
(7) KINDALL A. STEVENSON	1.00												
DIRECTOR	Y	Х						0.	0.	0.			
(8) ALLYSON PETTY WIGGINS	1.00												
DIRECTOR	1 00	Х						0.	0.	0.			
(9) JOHN CERRETO	1.00	,,								•			
DIRECTOR	40.00	Х						0.	0.	0.			
(10) RONALD C. CARTER	40.00			х				70 042	0.	0			
PRESIDENT AND CEO				Δ				79,942.	0.	0.			
				\vdash									
		1											
	•	_	_	_		_	_						

Form **990** (2015)

Part VII Section	A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A)	(B)	(C) Position			,		(D)	(E)		_	(F)		
Na	me and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			timated	
		week					or/trus		from	from related			other	,
		(list any	ector						the	organization			pensat	
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anization	
		organizations	truste	al trus		yee	mpen		(***-2/1039-101100)			_	d relate	
		below	Individual trustee or director	Institutional trustee	Offlice r	Key employee	Highest compensated employee	mer				orga	anizatio	ns
		line)	PLI	lns	ij	Key	e Fig	For						
										1				
										\odot				
									\sim C)				
									2					
							×							
											•			
1b Sub-total					(7	,		79,942.		0.			0.
	ntinuation sheets to Part V			A.T	-				79,942.		0.			0.
	es 1b and 1c)of individuals (including but n					bove	e) wł	no re	·	L 0.000 of reportab	-			•
	from the organization			Y	7		,		•					0
2 Did the example	ration list any former officer	director or tw	into	م اده		mala		۰	highest sempensated s	malayaa aa			Yes	No
	zation list any former officer, s," <i>complete Schedule J for</i> s								nignest compensated e			3		Х
	lual listed on line 1a, is the st													
	ganizations greater than \$15											4		Х
• •	n listed on line 1a receive or a	-				-			_		;			37
rendered to th	e organization? If "Yes," com	plete Schedul	e J f	or st	uch	pers	son .					5		X
	table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
the organization	on. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	С	(C ompe	;) nsation	1
									·			•		
	of independent contractors (i		ot li	mite	d to		_	sted	d above) who received m	nore than				
\$100,000 of co	ompensation from the organi	zation >					0					Form	990 (2	015)

532008 12-16-15

Га	πv	Ш	Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII			
			Chock ii Contodule C Contains a respond	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
<u>S</u> ra		b	Membership dues 1b					
is, (Am		С	Fundraising events1c					
를 를		d	Related organizations 1d					
īï,		е	Government grants (contributions) 1e					
e ţi		f	All other contributions, gifts, grants, and					
ğξ			similar amounts not included above 1f 5	,332,966 .				
d d		g	Noncash contributions included in lines 1a-1f: \$					
<u>8 0</u>		h	Total. Add lines 1a-1f		5,332,966.			
_				Business Code				
ice /	2	а					1	
Ser		b					7	
Men S		С.				AC		
gra Re		d						
Program Service Revenue		e	All other was suggested as well as well as					
		7	All other program service revenue					
	3		Investment income (including dividends, inte					
	ľ		other similar amounts)	•	38,239			38,239.
	4		Income from investment of tax-exempt bond			Y		,
	5		Royalties	•				
			(i) Real	(ii) Personal				
	6	а	Gross rents					
		b	Less: rental expenses					
			Rental income or (loss)					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other	Ç			
			assets other than inventory 702,926					
		b	Less: cost or other basis					
			and sales expenses 657,559	1,160.				
		С	Gain or (loss) 45, 36 /	• -I,16U•				
		d	Net gain or (loss)	<u></u>	44,207.	44,207.		
e	8	а	Gross income from fundraising events (not					
Other Revenu			including \$ of					
Вè			contributions reported on line 1c). See					
je			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a				
₹			1	b				
			Net income or (loss) from fundraising events	>				
	9	а	Gross income from gaming activities. See	_				
		h	Part IV, line 19 Less: direct expenses	a				
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		4	and allowances	a				
		b	Less: cost of goods sold					
	ı		Net income or (loss) from sales of inventory					
			Miscellaneous Revenue	Business Code				
	11	а						
		b						
		С						
		d	All other revenue					
		е	Total. Add lines 11a-11d	>		,,		20.000
	12		Total revenue. See instructions.		b ,415,412.	44,207.	0.	38,239.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 935,378 935,378. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 38,097 38,097. Grants and other assistance to foreign organizations, foreign governments, and foreign 1,394,026. 1,394,026. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 86,095 21,524. 30,133. 34,438. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 705,425. 555,311 373. 62,741. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 49,219 10,026. 67,537. 8,292. Other employee benefits 9 40,243. 6,780. 55,221 8,198. Payroll taxes 10 Fees for services (non-employees): a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 165,894. 165,894. Advertising and promotion 12 52,229. 69,639. 13,928. 3,482. Office expenses 13 27,680. 20,760. 5,536. 1,384. Information technology 14 15 Royalties 32,872. 1,644. 24,654. 6,574. 16 Occupancy 32,700. 27,795. 3,270. 1,635. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 130,029. 97,522. 26,006. 6,501. Depreciation, depletion, and amortization 22 18,568. 13,926. 3,714. 928. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CHANGE IN VALUATION ALL 234,850. 234,850. PROFESSIONAL FEES 93,626. 70,220. 18,725. 4,681. 52,312. 52,312. BANK AND CREDIT CARD FE 15,301. 11,476. d REPAIRS AND MAINTENANCE 3,060. 765. 10,978. 2,928. 732. 14,638. e All other expenses 4,169,888. 3,415,670. 454,321. 299,897. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,106,964.	1	2,588,035
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	60.	4	515
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			
۾ ا	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	<u> </u>	8	
9	Prepaid expenses and deferred charges	8,370.	9	6,678
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 1,147,635.	707		
Ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,147,635. 10b 248,899.	509,069.	10c	898,736
11	Investments - publicly traded securities	3,135,418.	11	2,431,371
12	Investments - other securities. See Part IV, line 11		12	· · · · · ·
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,759,881.	16	5,925,335
17	Accounts payable and accrued expenses	6,642.	17	14,79
18	Grants payable	•	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
i 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	17,482.	25	17,965
26	Total liabilities. Add lines 17 through 25	24,124.	26	32,762
	Organizations that follow SFAS 117 (ASC 958), check here			
3	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	4,163,410.	27	4,460,006
27 28 29	Temporarily restricted net assets		28	860,220
29	Permanently restricted net assets	572,347.	29	572,347
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	F 000 ==
33	Total net assets or fund balances	4,735,757.	33	5,892,573
34	Total liabilities and net assets/fund balances	4,759,881.	34	5,925,335

Form **990** (2015)

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
			_	4.4	_ ,	1.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{5,4}{2}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			5,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4		5,7	
5	Net unrealized gains (losses) on investments	5		-8	8,/	08.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_	0.0	о г	72
D-	column (B))	10	5	, 89	2,5	/3.
Pai	rt XII Financial Statements and Reporting					37
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
		4	г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		— I			
	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?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				v	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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				Х	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Λ	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			0-		Х
L	Act and OMB Circular A-133?		<u> </u>	3a		
р	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		į.	21-		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	990	(2015)
	Y			Form	990 ((2015)
	\.\tag{\cdot\}					
	,					

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TNCORPORATED CHILDREN

Employer identification number 54-0761510

				REORATED			J	4-0701310			
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
he (organi	zation is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	-					public described in			
		section 170(b)(1)(A)(vi). (Co			Ü			•			
8		A community trust describe	•	1)(A)(vi). (Complete Par	t II.)						
9		An organization that norma				contributi	ons, membership fees, a	nd gross receipts from			
_		activities related to its exem									
		income and unrelated busin					1				
		See section 509(a)(2). (Cor		(1000 00011011 011 1447) 11			and by and organization	a			
10		An organization organized a		ively to test for public sa	afetv. See	section 50)9(a)(4).				
11		An organization organized a						e purposes of one or			
		more publicly supported or			_	7					
		lines 11a through 11d that	-								
а		Type I. A supporting orga						aivina			
		the supported organization									
		organization. You must c			,,						
b		Type II. A supporting organization	•		tion with it	s support	ed organization(s) by ha	vina			
-		control or management o									
		organization(s). You mus			arrio peroc	orio triat oc	milior or manage the out	portod			
c		Type III functionally inte			in connec	tion with :	and functionally integrate	ed with			
Ŭ		its supported organization		- /				od with,			
d		Type III non-functionally						zation(s)			
ŭ		that is not functionally int									
		requirement (see instructi						14011033			
е		Check this box if the orga									
·		functionally integrated, of					r type i, type ii, type iii				
f	Ente	r the number of supported of		nany integrated support	ing organi	zation.					
		ide the following information		nd organization(s)							
_ 9) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
		organization		(described on lines 1-9		n your document?	support (see	other support (see			
				above (see instructions))	Yes	No	instructions)	instructions)			
ota	<u> </u>										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	4,930,946.	4,525,034.	4,029,371.	3,535,671.	5,332,966.	22,353,988.
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	4,930,946.	4,525,034.	4,029,371.	3,535,671.	5,332,966.	22,353,988.
5	The portion of total contributions					4	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					Y	
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						22,353,988.
	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·	A .		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	4,930,946.	4,525,034.	4,029,371.	3,535,671.	5,332,966.	22,353,988.
8	Gross income from interest,			~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	dividends, payments received on						
	securities loans, rents, royalties	17 005	67 028	104 015	0 - 4	F 100	202 004
	and income from similar sources	17,095.	67,032.	124,015.	854.	-5,102.	203,894.
9	Net income from unrelated business						
	activities, whether or not the		227				
	business is regularly carried on	<u> </u>					
10	Other income. Do not include gain						
	or loss from the sale of capital		Y				
	assets (Explain in Part VI.)	•					22 557 002
	Total support. Add lines 7 through 10	at Van Vaturati	\			40	22,557,882.
12	1			-		12	
13	First five years. If the Form 990 is for organization, check this box and stor					n 50 I(c)(3)	▶□
Sec	ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2015 (I			olumn (f))		14	99.10 %
	Public support percentage from 2014					15	98.89 %
	33 1/3% support test - 2015. If the o						,,,
	stop here. The organization qualifies						
r	33 1/3% support test - 2014. If the o						
_	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization						s
						dula A /Earm 000	

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please com	piete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(5) 2012	(0) 2010	(a) 2014	(6) 2010	(i) rotal
·	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	in and a made a castion E10						
4	Tax revenues levied for the organ					4	
7	ization's benefit and either paid to					4	
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge					7	
6	·						
	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received				<u> </u>		
•	from other than disqualified persons that			• ()	1		
	exceed the greater of \$5,000 or 1% of the			K			
	amount on line 13 for the year						
	Add lines 7a and 7b			\cup			
_	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 201E	(f) Total
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,		7				
106	dividends, payments received on						
	securities loans, rents, royalties		Y				
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	acquired after June 30, 1975						
		,					
	Add lines 10a and 10b Net income from unrelated business) ′					
••	activities not included in line 10b.						
	whether or not the business is	ľ					
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)					 	
	Total support. (Add lines 9, 10c, 11, and 12.)					=======================================	<u> </u>
14	First five years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
80	check this box and stop here		roontogo				P
	ction C. Computation of Publ			. (0)		Las	0/
	Public support percentage for 2015 (15	<u>%</u>
	Public support percentage from 2014					16	%
	ction D. Computation of Inve					14-1	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2015. If the	-					
_	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2014. If the	•			*	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
26		
3b		
3с		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		
auı		

Par	t IV	Supporting Organizations (continued)			
		,		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	1 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s).			
3		ason of the relationship described in (2), did the organization's supported organizations have a	2		
3		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally-Integrated Supporting Organizations	_ 3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions).	
2		ties Test. Answer (a) and (b) below.	ĺ	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a	A()}			
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):		Y			
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	ion 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 organ	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2015

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)		→ () →	
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From	2013		Y	
е	From	2014			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	d to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$, Y		
а	Applie	ed to underdistributions of prior years			
		d to 2015 distributable amount			
С		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2015, if			
	,	subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		ining underdistributions for 2015. Subtract lines 3h			
		b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b					
		s from 2013			
		s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information - Provide the explanations required by Part II, Inno 10, Part II, Illino 17, Part III, Illino 12, Part IV, Section A, Illino 12, Sa, 3d, 4d, 4d, 5d, 5d, 5d, 9d, 9d, 9d, 174, 11d, bard 117, Fart IV, Section A, Illino 13, Part IV, Section S, Illino 14, Part IV, Section S, Illino 16, Par	Concadio 7	(1 of 11 of 0 of 0 of 0 of 0 of 0 of 0 of
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Section I, Jan B; and Part V, Section E, lines 2, 5, and 8. Also complete this part for any additional information. [See instructions.]		line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Public Inspection		Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pilot Hisperial		
Public Inspection		
Public Cold		
Public Inside		
Cop ⁴ Public Insperior		
Pilotic Piloti		
Cop ⁴ Piblic Trispe		
Public Inspection		
Copy Copy Piblic Hisperial		A
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Public Instead		
Public Inspection		
Public Inspection		^
P1011C		
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		Y
		y

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHILDREN TNCORPORATED **Employer identification number** 54-0761510

Pai	t I Organizations Maintaining Donor Advise		or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			/ - \	Yes No
Pai				\
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	3 0 '	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically impo	rtant land area
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements	· OY	2a	
b			OI-	
С	Number of conservation easements on a certified historic str		2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre	
	listed in the National Register	29	2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	sements during the year
	• C)			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva-	tion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organiza	tion's accounting for
_	conservation easements.			
Pai		•	ther Simil	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exl	· ·	nce of public	service, provide, 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, ed	ducation, or research in furtherance of pul	olic service,	provide the following amounts
	relating to these items:			15 506
	(i) Revenue included on Form 990, Part VIII, line 1			\$ 15,596.
	(ii) Assets included in Form 990, Part X			*
2	If the organization received or held works of art, historical tre		I gain, provid	de
	the following amounts required to be reported under SFAS 1			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 CHILDRE	EN, INCORPO	RATED		54-07	61510	Page 2
_	t III Organizations Maintaining			easures, or Oth			
3	Using the organization's acquisition, access						
	(check all that apply):						
а	Public exhibition	d		hange programs			
b	Scholarly research	е	Other				
C	Preservation for future generations						
4	Provide a description of the organization's of					t XIII.	
5	During the year, did the organization solicit to be sold to raise funds rather than to be n					Yes	X No
Par	t IV Escrow and Custodial Arra					line 9, or	
	reported an amount on Form 990, Pa	art X, line 21.					
1a	Is the organization an agent, trustee, custo					7	
	on Form 990, Part X?				L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing table:				
						Amount	
	Beginning balance						
d	Additions during the year						
е	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount on				, , , , , , , , , , , , , , , , , , , ,	Yes	☐ No
	If "Yes," explain the arrangement in Part XII						
Par	t V Endowment Funds. Complete					_	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		
1a	Beginning of year balance	572,347.	572,347.	572,347.	572,347.		19,788.
b	Contributions		• (, , , , , , , , , , , , , , , , , , ,		3	52,559.
С	Net investment earnings, gains, and losses						
d	Grants or scholarships		Y	<u></u>			
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	572,347.	572,347.	,	572,347.	5	72,347.
2	Provide the estimated percentage of the cu	rrent year end balanc	e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment ► 100.00	%					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c sh						
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held a	and administered for	the organization	_	
	by:	, y					es No
	(i) unrelated organizations					3a(i)	X
						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organize					3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equip		Doubly line 11 - C	Saa Fawa 000 David	/ line 10		
	Complete if the organization answer					(4) D : 1	l
	Description of property	(a) Cost or o	1 ' '	, ,	Accumulated	(d) Book	/alue
		basis (investr	nent) Dasis	(other) de	epreciation		
	Land						
	Buildings Leasehold improvements						

Schedule D (Form 990) 2015

248,899.

e Other

1,147,635.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

898,736.

898,736.

Schedule D (Form 990) 2015 CHILDREN,	INCORPORATE	D	54-	-0761510 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes	" on Form 990. Part IV	line 11b. See Form 990.	Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end	of-vear market value
(1) Financial derivatives		. ,		,
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			4	
Complete if the organization answered "Yes	" on Form 990 Part IV	line 11c. See Form 990	Part X line 13	
(a) Description of investment	(b) Book value		valuation: Cost or end	of-year market value
(1)	1 ,			,
(2)				
(3)				
(4))	
(5)				
(6)				
(7)				
(8)				
(9)		X		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		~ \\		
Part IX Other Assets.				
Complete if the organization answered "Yes	" on Form 990, Part IV	line 11d. See Form 990.	, Part X, line 15.	
) Description	•	, ,	(b) Book value
(1)	G			
(2)				
(3)				
(4)				
(5)	/			
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)			
Part X Other Liabilities.	,		•	
Complete if the organization answered "Yes	" on Form 990, Part IV	, line 11e or 11f. See For	m 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) OTHER CURRENT LIABILITIES	S	17,965.		
(3)				
(4)				

(5) (6) (7) (8) 17,965. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons

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

Schedule D (Form 990) 2015

Pai	rt XI Reconciliation of Revenue per Audited Financ	ial Statements Wit	th Revenue per R	eturn	•
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	ents		1	5,326,704.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-88,708.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-88,708.
3	Subtract line 2e from line 1			3	5,415,412.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		t t	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	5,415,412.
Pai	rt XII Reconciliation of Expenses per Audited Financ		ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Pa				1 160 000
1	Total expenses and losses per audited financial statements			1	4,169,888.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		$\Delta \cup Y$		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		Z	2e	0.
3	Subtract line 2e from line 1	Y.		3	4,169,888.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	1, line 18.)		5	4,169,888.
	rt XIII Supplemental Information.)			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines			l; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pi	rovide any additional info	ormation.		
	Y				
	Y				

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

varie of the organization					Employer identili	ication number
CHILDREN, INCOR	PORATED				54-076151	.0
		ctivities Ou	tside the United States. Comple	ete if the organ		
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes X No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States.						
3 Activities per Region. (Tr			an be duplicated if additional space is i			
(a) Region	(b) Number of	(c) Number of	, , ,		vity listed in (d)	(f) Total expenditures
	offices in the region	employees, agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to		gram service, e specific type	for and
	in the region	contractors	recipients located in the region)		ce(s) in region	investments
		in region	recipients located in the region)	Of Service	ce(s) in region	in region
					?	
					Y	
CENTRAL AMERICA AND						
THE CARIBBEAN			PROGRAM SERVICES	SEE SCHEDUI	E F PART V	319,540.
			, , , , , , , , , , , , , , , , , , ,			
EAST ASIA AND THE						
PACIFIC			PROGRAM SERVICES	SEE SCHEDUI	E F PART V	143,522.
MIDDLE EAST AND						
NORTH AFRICA			PROGRAM SERVICES	SEE SCHEDUI	E F PART V	22,654.
			5			
JODEN AVEDTO		* A	200214 22247222		· ·	24.050
NORTH AMERICA			PROGRAM SERVICES	SEE SCHEDUI	E F PART V	34,252.
		7				
COLUMN A MED TO A			DDOGDAM GEDYLTGEG	GEE GOVERNI	E E DADM 17	E06 602
SOUTH AMERICA	40	,	PROGRAM SERVICES	SEE SCHEDUI	IE F PART V	506,602.
) _				
TOTIMIT ACTA			DDOGDAM GEDYLGEG	GEE GOVERNI	E E DADM 17	210 050
SOUTH ASIA			PROGRAM SERVICES	SEE SCHEDUI	IE F PART V	218,850.
	Y					
SUBSAHARA AFRICA			DDOGDAM GEDYLGEG	SEE SCHEDUI	E E DADM 17	149 606
SUDSANAKA AFKICA			PROGRAM SERVICES	SEE SCHEDUI	IE F PARI V	148,606.
2 a Cub total	0	0				1,394,026.
3 a Sub-total		 				1,394,020.
b Total from continuation	0	0				0.
sheets to Part I c Totals (add lines 3a	0	-				
and 3b)	0	0				1,394,026.
and 00/		ı				, , •

532071 10-01-15 Schedule F (Form 990) 2015

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
						4		
		L				4		
		PHILIPPINES	CONSTRUCTION COSTS	16,900.	WIRE TRANSFER	0.		
					~0			
		BOLIVIA	CONSTRUCT A SCHOOL	69,850.	WIRE TRANSFER	0.		
		PERU	GIFTS FOR CHILDREN	32,033	WIRE TRANSFER	0.		
				X				
		GUATEMALA	CONSTRUCTION COSTS	22.268	WIRE TRANSFER	0.		
		GUATEMALA	CONSTRUCTION COSTS	22,200.	WIRE TRANSFER	0.		
		KENYA	SCHOOL CONSTRUCTION	24 155	WIRE TRANSFER	0.		
		KENIA	SCHOOL CONSTRUCTION	34,155.	WIRE TRANSFER	0,		
			Y					
		L						
		LEBANON	HEARING AIDS	6,800.	WIRE TRANSFER	0.		
			Y					
		V						
			recognized as charities by the	foreign country	, recognized as tax-e	xempt by		
3 Enter total number of			n 501(c)(3) equivalency letter					
	Jan n-and 10							

Part III Grants and Other Assistand Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No
	Sch	edule F (For	m 990) 201

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Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		▶ Informati	ion about Schedule I	Attach to For		at www.irs.gov/form90	0	Open to P Inspecti	
Name of the organizatio		INCORPOR		(1 01111 990) and it.	3 11134 UCHO113 13 6	<u>at www.iis.gov/ioi/iis</u>	0.	Employer identification 54-0763	
Part I General Info	ormation on Grants a	ınd Assistance							
1 Does the organiza	tion maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibili	ty for the grants or ass	sistance, and the selec	ction	
								X Yes	☐ No
2 Describe in Part IV	/ the organization's pr	ocedures for moni	toring the use of grant	funds in the Unite	d States.				
Part II Grants and	Other Assistance to	Domestic Organi	izations and Domesti	c Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
			be duplicated if addit					•	
	ress of organization ernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	ınt
								PROVIDES BASIC AND	HEALTH
ALLEGHANY HIGH SCH	OOL							RELATED NEEDS SUCH	AS
RT. 2, BOX 19 - TR	OJAN AVE.				•. ()			CLOTHING, SHOES, FO	OOD;
SPARTA, NC 28675		56-6000985	115(1)	16,532.	0.			EDUCATIONAL NEEDS S	SUCH AS
					, ,			PROVIDES BASIC AND	HEALTH
BATH COUNTY HIGH S	CHOOL							RELATED NEEDS SUCH	AS
645 CHENAULT DRIVE	}							CLOTHING, SHOES, FO	OOD;
OWINGSVILLE, KY 40	360	61-6001341	115(1)	8,655.	0.			EDUCATIONAL NEEDS S	SUCH AS
								PROVIDES BASIC AND	HEALTH
BATH COUNTY MIDDLE	SCHOOL							RELATED NEEDS SUCH	AS
335 W. MAIN ST.			_ ^ ^					CLOTHING, SHOES, FO	OOD;
OWINGSVILLE, KY 40	360	61-6001341	115(1)	8,372.	0.			EDUCATIONAL NEEDS S	SUCH AS
			,					PROVIDES BASIC AND	HEALTH
BEAVER CREEK ELEME	NTARY SCHOOL		1,,,()					RELATED NEEDS SUCH	AS
8000 HWY. 7 SOUTH								CLOTHING, SHOES, FO	OOD;
TOPMOST KV 41862		61-6001297	115(1)	9 638	l n		1	EDUCATIONAL NEEDS S	SIICH AS

2	Enter total number of section	501(c)(3) an	d government	organizations	listed in the l	line 1	table
~	Litter total number of Section	1 30 1 (C)(3) all	u governinent	Organizations	listed iii tiie i		Lable

61-6001345

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

66.

PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS

EDUCATIONAL NEEDS SUCH AS

PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS

EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990) (2015)

CLOTHING, SHOES, FOOD;

CLOTHING, SHOES, FOOD;

61-6001345 115(1)

115(1)

BELFRY HIGH SCHOOOL, KY 27678 U.S. HWY. 119 N.

BELFRY, KY 41514

BELFRY, KY 41514

P.O. BOX 850

BELFRY MIDDLE SCHOOL

13,662.

12,549.

0

0

Part II Continuation of Grants and Oth	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
BOYD COUNTY HIGH SCHOOL							RELATED NEEDS SUCH AS
12307 MIDLAND TRAIL					4		CLOTHING, SHOES, FOOD;
ASHLAND, KY 41102	61-6001260	115(1)	6,155.	0.			EDUCATIONAL NEEDS SUCH AS
						\	PROVIDES BASIC AND HEALTH
BREATHITT CO. HIGH SCHOOL							RELATED NEEDS SUCH AS
2307 BOBCAT LANE					704		CLOTHING, SHOES, FOOD;
JACKSON, KY 41339	61-6001304	115(1)	16,431.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
CARR CREEK ELEM. SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 114							CLOTHING, SHOES, FOOD;
LIFT CARR, KY 41834	61-6001297	115(1)	17,039.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
CORDIA COMBINED SHCOOL				X			RELATED NEEDS SUCH AS
6050 LOTTS CREEK RD.							CLOTHING, SHOES, FOOD;
HAZARD, KY 41701	61-6001297	501(C)(3)	7,655.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
CROSSROADS ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
4755 U.S. RT. 60 EAST							CLOTHING, SHOES, FOOD;
OWINGSVILLE, KY 40360	61-6001341	115(1)	5,788.	0.			EDUCATIONAL NEEDS SUCH AS
		^					PROVIDES BASIC AND HEALTH
DENNEHOTSO BOARDING SCHOOL			7				RELATED NEEDS SUCH AS
P.O. BOX 2570		,					CLOTHING, SHOES, FOOD;
DENNEHOTSO, AZ 86535	14-0001849	501(C)(3)	11,263.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
DZILTH COMMUNITY GRANT SCHOOL	A						RELATED NEEDS SUCH AS
35 ROAD 7585 #5003							CLOTHING, SHOES, FOOD;
BLOOMFIELD, NM 87413	14-0001849	501(C)(3)	24,939.	0.			EDUCATIONAL NEEDS SUCH AS
	4)	,					PROVIDES BASIC AND HEALTH
EAST RIDE HIGH SCHOOL							RELATED NEEDS SUCH AS
19471 LICK MOUNTAIN RD.	7						CLOTHING, SHOES, FOOD;
LICK CREEK, KY 41540	61-6001345	115(1)	6,169.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
EDEN ELEMENTARY							RELATED NEEDS SUCH AS
P.O. BOX 1683							CLOTHING, SHOES, FOOD;
INEZ, KY 41224	61-6001302	115(1)	6,523.	0.			EDUCATIONAL NEEDS SUCH AS
INEZ, KY 41224	61-6001302	115(1)	6,523.	0.			EDUCATIONAL NEEDS SUCH AS

Part II Continuation of Grants and Othe	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMALENA ELEMENTARY SCHOOL P.O. BOX 123					4		PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD;
EMMALENA, KY 41740	61-6001297	115(1)	8,260.	0.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EDUCATIONAL NEEDS SUCH AS
FAIRVIEW INDEPENDENT SCHOOL 2127 MAIN STREET, WESTWOOD ASHLAND, KY 41102	61-6001260	501(C)(3)	9,041.	0.	900		PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
GLADE CREEK ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
32 GLADE CREEK SCHOOL RD.							CLOTHING, SHOES, FOOD;
ENNICE, NC 28623	00-0300823	115(1)	9,238.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
HAZARD INDEPENDENT SCHOOLS				X			RELATED NEEDS SUCH AS
601 BROADWAY							CLOTHING, SHOES, FOOD;
HAZARD, KY 41701	61-6001412	501(C)(3)	6,119.	0.			EDUCATIONAL NEEDS SUCH AS
HERALD WHITEAKED WIDDLE GOVOOL							PROVIDES BASIC AND HEALTH
HERALD WHITAKER MIDDLE SCHOOL							RELATED NEEDS SUCH AS
221 HORNET DR.	61-6001353	115(1)	11 834.	0.			CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	61-6001353	113(1)	117034.	0.			EDUCATIONAL NEEDS SUCH AS PROVIDES BASIC AND HEALTH
HINDMAN ELEMENTARY SCHOOL, KY			,				RELATED NEEDS SUCH AS
P.O. BOX 816			r'				CLOTHING, SHOES, FOOD;
HINDMAN, KY 41822	61-6001297	115(1)	10,416.	0.			EDUCATIONAL NEEDS SUCH AS
minorum, ni 11022	01 0001237	115(1)	10,110.	•			PROVIDES BASIC AND HEALTH
JOHNS CREEK ELEMENTARY SCHOOL		, y					RELATED NEEDS SUCH AS
8302 META HWY.							CLOTHING, SHOES, FOOD;
PIKEVILLE, KY 41501	61-6001345	115(1)	7,943.	0.			EDUCATIONAL NEEDS SUCH AS
		,	,				PROVIDES BASIC AND HEALTH
JOHNSON CENTRAL HIGH SCHOOL							RELATED NEEDS SUCH AS
257 N. MAYO TRAIL	Y						CLOTHING, SHOES, FOOD;
PAINTSVILLE, KY 41240	61-6001343	115(1)	7,069.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
KAYENTA COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 188							CLOTHING, SHOES, FOOD;
KAYENTA, AZ 86033	14-0001849	501(C)(3)	7,263.	0.			EDUCATIONAL NEEDS SUCH AS

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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
KNOTT COUNTY CENTRAL HIGH SCHOOL							RELATED NEEDS SUCH AS
75 PATRIOT LANE							CLOTHING, SHOES, FOOD;
HINDMAN, KY 41822	61-6001297	115(1)	17,263.	0.	1		EDUCATIONAL NEEDS SUCH AS
						\	PROVIDES BASIC AND HEALTH
LAKE VALLEY BOARDING SCHOOL						}	RELATED NEEDS SUCH AS
P.O. BOX 748					108		CLOTHING, SHOES, FOOD;
CROWNPOINT, NM 87313	85-0197413	501(C)(3)	10,535.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
LBJ ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
90 LEJ RD.							CLOTHING, SHOES, FOOD;
JACKSON, KY 41339	61-6600130	115(1)	6,254.	0.			EDUCATIONAL NEEDS SUCH AS
				• . () ′			PROVIDES BASIC AND HEALTH
MAGOFFIN CO. HIGH SCHOOL				K			RELATED NEEDS SUCH AS
201 HORNET DR.							CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	61-6001353	115(1)	21,524.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MORGAN COUNTY HIGH SCHOOL							RELATED NEEDS SUCH AS
150 ROAD TO SUCCESS							CLOTHING, SHOES, FOOD;
WEST LIBERTY, KY 41472	61-6001441	115(1)	11,423.	0.			EDUCATIONAL NEEDS SUCH AS
·		A A	,				PROVIDES BASIC AND HEALTH
MORGAN COUNTY MIDDLE SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 256		7					CLOTHING, SHOES, FOOD;
WEST LIBERTY, KY 41472	61-6001441	115(1)	8,320.	0.			EDUCATIONAL NEEDS SUCH AS
·		111	,				PROVIDES BASIC AND HEALTH
OJO ENCINO DAY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 7							CLOTHING, SHOES, FOOD;
CUBA, NM 87013	85-0197413	501(C)(3)	5,370.	0.			EDUCATIONAL NEEDS SUCH AS
•		J*	, ,				PROVIDES BASIC AND HEALTH
PAGE HIGH SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 1927	Y						CLOTHING, SHOES, FOOD;
PAGE, AZ 86040	86-0592832	115(1)	6,126.	0.			EDUCATIONAL NEEDS SUCH AS
,		, , , ,	1,230.	-			PROVIDES BASIC AND HEALTH
PHELPS ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 529							CLOTHING, SHOES, FOOD;
	I	I	I	0.	I	1	

Part II Continuation of Grants and Other	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
PHELPS HIGH SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 131					4		CLOTHING, SHOES, FOOD;
PHELPS, KY 41553	61-6001345	115(1)	10,852.	0.			EDUCATIONAL NEEDS SUCH AS
						\	PROVIDES BASIC AND HEALTH
PINEY CREEK ELEMENTARY SCHOOL						₹	RELATED NEEDS SUCH AS
559 PINEY CREEK SCHOOL RD.					707		CLOTHING, SHOES, FOOD;
PINEY CREEK, NC 28663	00-0302738	115(1)	9,905.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
PUEBLO PINTADO BOARDING SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 80							CLOTHING, SHOES, FOOD;
CUBA, NM 87013	85-0197413	501(C)(3)	5,337.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
RED ROCK DAY SCHOOL				X			RELATED NEEDS SUCH AS
P.O. DRAWER 2007							CLOTHING, SHOES, FOOD;
RED VALLEY, AZ 86544	85-0197413	501(C)(3)	14,225.	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	61-6001353	115(1)	14,704.	0.			EDUCATIONAL NEEDS SUCH AS
		A A					PROVIDES BASIC AND HEALTH
SEBASTIAN MIDDLE SCHOOL							RELATED NEEDS SUCH AS
244 LBJ RD.		,	1				CLOTHING, SHOES, FOOD;
JACKSON, KY 41339	61-6001345	115(1)	11,219.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
SHELBY VALLEY HIGH SCHOOL	A						RELATED NEEDS SUCH AS
125 DOUGLAS PARK		N) '					CLOTHING, SHOES, FOOD;
PIKESVILLE, KY 41501	61-1195168	115(1)	8,134.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
SHELDON CLARK HIGH SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 1765	7						CLOTHING, SHOES, FOOD;
INEZ, KY 41224	61-6001302	115(1)	12,381.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
SHONTO SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 7900							CLOTHING, SHOES, FOOD;
SHONTO, AZ 86054	86-0827306	115(1)	30,588.	0.			EDUCATIONAL NEEDS SUCH AS
		1		·	•	1	

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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH MAGOFFIN ELEMENTARY SCHOOL, KY - 171 HALF MOUNTAIN RD SALYERSVILLE, KY 41465	61-6001353	115(1)	9,588.	0.	4		PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SPARTA ELEMENTARY 450 N. MAIN ST. SPARTA, NC 28675		115(1)	25,707.	0.	~0P		PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
ST. MICHAELS SPECIAL ED SCHOOL P.O. BOX 100 ST. MICHAEL'S, AZ 86511	86-0224865	501(C)(3)	5,401.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TO'HAJIILEE COMMUNITY SCHOOL P.O. BOX 3438 LAGUNA, NM 87026		501(C)(3)	6,916.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TUBA CITY BOARDING SCHOOL P.O. BOX 187 TUBA CITY, AZ 86045	85-0197413	501(C)(3)	11)441.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
WARFIELD ELEMENTARY SCHOOL P.O. BOX 299 WARFIELD, KY 41267	61-6001302	115(f)	10,125.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
WOLFE CO. HIGH SCHOOL P.O. BOX 460 CAMPTON, KY 41301	61-6001257	115(1)	8,842.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BEVINS ELEMENTARY SCHOOL 1725 E. BIG CREEK RD. SIDNEY, KY 41564	61-6001345	115(1)	5,131.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LEWIS CO. MIDDLE SCHOOL P.O. BOX 99 VANCEBURG, KY 41179	61-6001370	115(1)	5,724.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Part II Continuation of Grants and Otl	her Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
MANY FARMS COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 70							CLOTHING, SHOES, FOOD;
MANY FARMS, AZ 86538	26-2582636	501(C)(3)	11,787.	0.			EDUCATIONAL NEEDS SUCH AS
						\	PROVIDES BASIC AND HEALTH
OJO AMARILLO						1	RELATED NEEDS SUCH AS
P.O. BOX 586					10 K		CLOTHING, SHOES, FOOD;
FRUITLAND, NM 87416	14-0001849	501(C)(3)	5,329.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
PAGE MIDDLE SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 1927							CLOTHING, SHOES, FOOD;
PAGE, AZ 86040	86-0592832	115(1)	5,315.	0.			EDUCATIONAL NEEDS SUCH AS
				•. () ′			PROVIDES BASIC AND HEALTH
VALLEY ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
163 DOUGLAS PARKWAY				, y			CLOTHING, SHOES, FOOD;
PIKEVILLE, KY 41501	61-6001345	115(1)	12,509.	0.			EDUCATIONAL NEEDS SUCH AS
·			7				PROVIDES BASIC AND HEALTH
MORGAN CENTRAL ELEMENTARY							RELATED NEEDS SUCH AS
3201 HWY 460 WEST							CLOTHING, SHOES, FOOD;
WEST LIBERTY, KY 41472	61-6001441	115(1)	5,326.	0.			EDUCATIONAL NEEDS SUCH AS
•		A A					PROVIDES BASIC AND HEALTH
MORRIS JEFF COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 792800			Y				CLOTHING, SHOES, FOOD;
NEW ORLEANDS, LA 70179	72-1317054	501(C)(3)	5,338.	0.			EDUCATIONAL NEEDS SUCH AS
	1		,,,,,,,				PROVIDES BASIC AND HEALTH
NORTH MAGOFFIN ELEMENTARY		Y					RELATED NEEDS SUCH AS
1991 HWY 460 W							CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	61-6001353	115(1)	5,999.	0.			EDUCATIONAL NEEDS SUCH AS
DADIERSVILLE, KI 41403	01 0001333		3,333.	٠.			PROVIDES BASIC AND HEALTH
BOWMAN MIDDLE SCHOOL							RELATED NEEDS SUCH AS
410 S. MITCHELL AVE.	F6 600107F	115/1)	E 004	_			CLOTHING, SHOES, FOOD;
BACKERSVILLE, NC 28705	56-6001075	115(1)	5,924.	0.			EDUCATIONAL NEEDS SUCH AS
DOVE GOIDING MIDELS GOVERN							PROVIDES BASIC AND HEALTH
BOYD COUNTY MIDDLE SCHOOL							RELATED NEEDS SUCH AS
12307 MIDLAND TRAIL	64 6004655	1.5(1)		_			CLOTHING, SHOES, FOOD;
ASHLAND, KY 41102	61-6001260	115(1)	7,167.	0.			EDUCATIONAL NEEDS SUCH AS

Part II Continuation of Grants and Other	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARVER STEM ACADEMY 18701 PAUL ST. DETROIT, MI 48228	38-3257060	501(C)(3)	7,546.	0.	.1		PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
CATLETTSBURG ELEMENTARY 3348 COURT ST CATTLESBURG, KY 41229	61-6001260	115(1)	5,882.	0.	700		PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
CRUM MIDDLE SCHOOL P.O. BOX 9 CRUM, WV 25669	55-6000409	115(1)	6,985.	0.:			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
ENCORE ACADEMY P.O. BOX 792800 NEW ORLEANDS, LA 70179	72-1317054	501(C)(3)	18,288.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARIANO LAKE COMMUNITY SCHOOL P.O. BOX 787 CROWNPOINT, NM 87313	85-0197413	501(C)(3)	7)938.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARTIN COUNTY MIDDLE SCHOOL P.O. BOX 63 ROUTE 40 WARFIELD, KY 41267	61-6001302	115(f)	8,512.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
		Olive					
	*						

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS					
CLOTHING, SHOES FOOD;					
EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES	70	38,097.	0.	4	
				063	
			1101		
		300			
Part IV Supplemental Information. Provide the information red	uired in Part I, Iir	ne 2, Part III, column	ı (b), and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: ALLEGH	ANY HIGH S	CHOOL		
(H) PURPOSE OF GRANT OR ASSISTANCE	: PROVID	ES BASIC A	ND HEALTH	RELATED	
NEEDS SUCH AS CLOTHING, SHOES, FOO	D; EDUCA	TIONAL NEE	DS SUCH AS	MATERIALS	
AND SUPPLIES					
NAME OF ORGANIZATION OR GOVERNMENT	: BATH C	OUNTY HIGH	SCHOOL		
(H) PURPOSE OF GRANT OR ASSISTANCE	E: PROVID	ES BASIC A	ND HEALTH	RELATED	
NEEDS SUCH AS CLOTHING, SHOES, FOO	D; EDUCA		DS SUCH AS	MATERIALS	
		12			0

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BATH COUNTY MIDDLE SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BEAVER CREEK ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY HIGH 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

NAME OF ORGANIZATION OR GOVERNMENT: BOYD 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: BREATHITT CO. HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CARR CREEK ELEM. SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CORDIA COMBINED SHCOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT! CROSSROADS ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: DENNEHOTSO BOARDING SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: DZILTH COMMUNITY GRANT SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: EAST RIDE HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: EDEN ELEMENTARY

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: EMMALENA ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: FAIRVIEW INDEPENDENT SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: GLADE CREEK ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: HAZARD INDEPENDENT SCHOOLS

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

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

NAME OF ORGANIZATION OR GOVERNMENT: HERALD WHITAKER MIDDLE SCHOOL

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

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

NAME OF ORGANIZATION OR GOVERNMENT: MAGOFFIN CO. HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MORGAN COUNTY HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MORGAN COUNTY MIDDLE SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: 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: PAGE 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: PHELPS ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR COVERNMENT: PHELPS HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: PINEY CREEK ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO PINTADO 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: RED ROCK DAY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SALYERSVILLE ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT SEBASTIAN MIDDLE SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SHELBY VALLEY HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SHELDON CLARK HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SHONTO SCHOOL

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

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

AND SUPPLIES

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

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SPARTA ELEMENTARY

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

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

AND SUPPLIES

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

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: TO HAJIILEE COMMUNITY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: TUBA CITY BOARDING SCHOOL

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

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

NAME OF ORGANIZATION OR GOVERNMENT: WARFIELD ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: WOLFE CO. HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BEVINS 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: 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: OJO AMARILLO

(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: PAGE 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: VALLEY ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MORGAN CENTRAL ELEMENTARY

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MORRIS JEFF COMMUNITY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: NORTH MAGOFFIN ELEMENTARY

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BOWMAN MIDDLE SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BOYD COUNTY MIDDLE SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CARVER STEM ACADEMY

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CATLETTSBURG 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: CRUM 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: ENCORE ACADEMY

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: 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

SCHEDULE M (Form 990)

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Noncash Contributions

Employer identification number 54-0761510 CHILDREN, INCORPORATED

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition am	ounts	š
1	Art - Works of art	X	25	15,596.	AUCTION PRI	CES		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles				4			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock			7				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial		C					
17	Real estate - Other							
18	Collectibles							
19	Food inventory		. A					
20	Drugs and medical supplies							
21	Taxidermy		7					
22	Historical artifacts	11	,					
23	Scientific specimens							
24	Archeological artifacts							
25	Other (
26	Other (/						
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	oorted in Part I, lines 1 through	gh 28, that it			
	must hold for at least three years from the date of the initial contribution, and which is not required to be used for							
	exempt purposes for the entire holding period?							X
b	b If "Yes," describe the arrangement in Part II.							
31								X
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in o	column (c) f	or a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015)

532142 08-21-15

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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INCORPORATED CHILDREN,

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 54-0761510

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

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

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

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

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

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: VA,AK,AL,AZ,CA,CT,FL,IL,MA,MD,ME,MI,MN,NC,ND,NH,NJ,NY,OH,OK,OR,PA,RI,SC,TX UT,WA,WI,WV

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

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

WWW.CHILDRENINCORPORATED.ORG.

CHILDREN, INCORPORATED	54-0761510
FORM 990, PART XII, LINE 2C:	
THERE WERE NO CHANGES TO ITS OVERSIGHT PROCESS OR SELECTI	ON PROCESS
DURING THE TAX YEAR.	
	1
	3