

EXTENDED TO MAY 16, 2022

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**CHILDREN, INCORPORATED**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

11513 ALLECINGIE PARKWAY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NORTH CHESTERFIELD, VA 23235**F** Name and address of principal officer: **RONALD H. CARTER****SAME AS C ABOVE****D** Employer identification number**** - ***1510****E** Telephone number**804-359-4562****G** Gross receipts \$ **7,231,548.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CHILDRENINCORPORATED.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1964** **M** State of legal domicile: **VA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ARRANGE AND PROVIDE FUNDING TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED CHILDREN.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 10
	4	Number of independent voting members of the governing body (Part VI, line 1b) 10
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 16
	6	Total number of volunteers (estimate if necessary) 271
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 3,680,007.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 205,939.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,885,946.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,296,317.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 948,878.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 260,232.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 497,230.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,742,425.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 143,521.
	20	Total assets (Part X, line 16) 7,661,840.
	21	Total liabilities (Part X, line 26) 485,114.
	22	Net assets or fund balances. Subtract line 21 from line 20 7,176,726.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	RONALD H. CARTER, PRESIDENT AND CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name JENNIFER R. FILES, CPA	Preparer's signature JENNIFER R. FILES, C
	Date 11/15/21	Check if self-employed <input type="checkbox"/> PTIN P01275752
Firm's name	YOUNT, HYDE & BARBOUR, P.C.	Firm's EIN ** - ***9263
	Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760	Phone no. 540-662-3417

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

**TO ARRANGE AND PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE
BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED CHILDREN.**

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

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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,828,336. including grants of \$ 2,855,032.) (Revenue \$)

**ARRANGING AND PROVIDING FUNDING FOR SUPPLIES AND SERVICES TO MEET THE
BASIC AND EDUCATIONAL NEEDS OF APPROXIMATELY 20,000 IMPOVERISHED
CHILDREN IN 300 LOCATIONS, HALF IN THE UNITED STATES AND HALF IN OTHER
COUNTRIES.**

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **3,828,336.**Form **990** (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d 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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 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.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		10		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," 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 organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization		X
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?		X
b 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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **VA, AK, AL, AZ, CA, CT, FL, IL, MA, MD, ME, MI**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
ORGANIZATION - 804-359-4562
11513 ALLECINGIE PARKWAY, NORTH CHESTERFIELD, VA 23235

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

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

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
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3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		X

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

Form **990** (2020)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,025,670.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				5,025,670.		
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			70,535.			70,535.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,135,343. 1,860,710.				
	c Gain or (loss)	7c	274,633.				
	d Net gain or (loss)			274,633.			274,633.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				5,370,838.	0.	0.	345,168.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,325,772.	1,325,772.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,529,260.	1,529,260.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,406.	27,722.	32,342.	32,342.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	755,511.	607,952.	104,321.	43,238.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	79,517.	59,613.	12,816.	7,088.
10 Payroll taxes	60,647.	45,466.	9,775.	5,406.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,156.	15,867.	4,231.	1,058.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,449.		17,449.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	28,727.	21,545.	5,746.	1,436.
12 Advertising and promotion	159,427.			159,427.
13 Office expenses	37,436.	28,077.	7,487.	1,872.
14 Information technology	20,750.	15,562.	4,150.	1,038.
15 Royalties				
16 Occupancy	14,781.	11,086.	2,956.	739.
17 Travel	3,709.	3,153.	371.	185.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,243.	49,682.	13,249.	3,312.
23 Insurance	17,585.	13,189.	3,517.	879.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK AND CREDIT CARD FE	42,813.	42,415.	318.	80.
b OTHER EXPENSES	29,720.	22,290.	5,944.	1,486.
c REPAIRS AND MAINTENANCE	12,914.	9,685.	2,583.	646.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,315,823.	3,828,336.	227,255.	260,232.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,653,470.	1	2,489,004.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	975.	4	182,512.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,701.	9	1,668.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,374,360.		
	b Less: accumulated depreciation	10b 869,372.	10c	504,988.
	11 Investments - publicly traded securities	3,165,058.	11	4,258,996.
	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	1,267,405.	15	1,510,201.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,661,840.	16	8,947,369.	
Liabilities	17 Accounts payable and accrued expenses	333,514.	17	319,917.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	151,600.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	485,114.	26	319,917.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,578,099.	27	5,786,029.
	28 Net assets with donor restrictions	2,598,627.	28	2,841,423.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,176,726.	32	8,627,452.
	33 Total liabilities and net assets/fund balances	7,661,840.	33	8,947,369.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,370,838.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,315,823.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,055,015.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,176,726.
5	Net unrealized gains (losses) on investments	5	152,915.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	242,796.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,627,452.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHILDREN, INCORPORATED

Employer identification number

****_***1510**

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3351564.	3618768.	3598114.	3680007.	5025670.	19274123.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3351564.	3618768.	3598114.	3680007.	5025670.	19274123.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						19274123.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3351564.	3618768.	3598114.	3680007.	5025670.	19274123.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,043.	32,963.	53,283.	96,876.	70,535.	312,700.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						19586823.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	98.40	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.80	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Public Disclosure

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.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHILDREN, INCORPORATED

Employer identification number

-*1510

Part I

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

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

Part II

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

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

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

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

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

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

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

Part III

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$ 12,947.

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

Schedule D (Form 990) 2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100 %
 c Term endowment ☐ %

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

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

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	1,374,360.		869,372.	504,988.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				504,988.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN CHARITABLE REMAINDER ANNUITY	
(2) TRUSTS	1,510,201.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,510,201.

Part X Other Liabilities.

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

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,749,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	152,915.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	242,796.
e	Add lines 2a through 2d	2e	395,711.
3	Subtract line 2e from line 1	3	5,353,389.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,449.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	17,449.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,370,838.

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

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

1	Total expenses and losses per audited financial statements	1	4,298,374.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,298,374.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,449.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	17,449.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,315,823.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTS IN CHARITABLE REMAINDER

ANNUITY TRUSTS 242,796.

**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.

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

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization

CHILDREN, INCORPORATED

Employer identification number

-*1510

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	445,570.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	131,878.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	25,248.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	540,452.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	150,066.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	42,168.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	193,878.
3 a Subtotal	0	0			1,529,260.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,529,260.

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

Schedule F (Form 990) 2020

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ARGENTINA	CHILD SPONSORSHIP	13,443.	WIRE TRANSFER	0.		
		BOLIVIA	CHILD SPONSORSHIP	308,939.	WIRE TRANSFER	0.		
		BRAZIL	CHILD SPONSORSHIP	51,854.	WIRE TRANSFER	0.		
		CHILE	CHILD SPONSORSHIP	49,817.	WIRE TRANSFER	0.		
		COLOMBIA	CHILD SPONSORSHIP	32,820.	WIRE TRANSFER	0.		
		COSTA RICA	CHILD SPONSORSHIP	48,031.	WIRE TRANSFER	0.		
		EL SALVADOR	CHILD SPONSORSHIP	76,153.	WIRE TRANSFER	0.		
		ETHIOPIA	CHILD SPONSORSHIP	19,735.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities ▶▶

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			GUATEMALA	CHILD SPONSORSHIP	213,313.	WIRE TRANSFER	0.			
			HONDURAS	CHILD SPONSORSHIP	64,102.	WIRE TRANSFER	0.			
			INDIA	CHILD SPONSORSHIP	127,245.	WIRE TRANSFER	0.			
			KENYA	CHILD SPONSORSHIP	174,143.	WIRE TRANSFER	0.			
			LEBANON	CHILD SPONSORSHIP	42,168.	WIRE TRANSFER	0.			
			MEXICO	CHILD SPONSORSHIP	25,248.	WIRE TRANSFER	0.			
			NICARAGUA	CHILD SPONSORSHIP	43,972.	WIRE TRANSFER	0.			
			PARAGUAY	CHILD SPONSORSHIP	25,554.	WIRE TRANSFER	0.			
			PERU	CHILD SPONSORSHIP	58,025.	WIRE TRANSFER	0.			

Part IV Foreign Forms

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

Schedule F (Form 990) 2020

Part V Supplemental Information

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

PART I, LINE 3:

EACH PROJECT IS REQUIRED TO KEEP ACCURATE RECORDS AS TO HOW FUNDS ARE
SPENT AT THE PROJECT LEVEL. PROJECTS ARE REQUIRED TO SUBMIT FINANCIAL
REPORTS, ALONG WITH RECEIPTS SHOWING DISBURSEMENTS, ON A SEMI-ANNUAL
BASIS.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FOR SUPPLIES
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED
CHILDREN

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FOR SUPPLIES
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED
CHILDREN

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FOR SUPPLIES
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED
CHILDREN

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FOR SUPPLIES
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED
CHILDREN

Part V Supplemental Information

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

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FOR SUPPLIES
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED
CHILDREN

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FOR SUPPLIES
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED
CHILDREN

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FOR SUPPLIES
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED
CHILDREN

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CHILDREN, INCORPORATED

Employer identification number
** - *** 1510

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLEGANY HIGH SCHOOL RT. 2, BOX 19 - TROJAN AVE. SPARTA, NC 28675	●● : *—**_*11985		26,175.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BATH COUNTY HIGH SCHOOL 645 CHENAULT DRIVE OWINGSVILLE, KY 40360	●● : *—**_*11321		12,732.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BATH COUNTY MIDDLE SCHOOL 335 W. MAIN ST. OWINGSVILLE, KY 40360	●● : *—**_*11321		11,926.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BEAVER CREEK ELEMENTARY SCHOOL 8000 HWY. 7 SOUTH TOPMOST, KY 41862	●● : *—**_*11429		16,520.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BELFRY ELEMENTARY SCHOOL 70 STATE HWY 319 BELFRY, KY 41514	●● : *—**_*11325		8,107.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BELFRY HIGH SCHOOL, KY 27678 U.S. HWY. 119 N. BELFRY, KY 41514	●● : *—**_*11325		16,306.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **90.**

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELFRY MIDDLE SCHOOL P.O. BOX 850 BELFRY, KY 41514	000: *--**-*113025		8,470.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BETSY LAYNE HIGH SCHOOL P.O BOX 437 BETSY LAYNE, KY 41605	000: *--**-*113027		6,483.	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	000: *--**-*113025		5,605.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BOUSHALL MIDDLE SCHOOL 3400 HOPKINS RD. RICHMOND, VA 23234	000: *--**-*113909		5,416.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BOYD COUNTY HIGH SCHOOL 12307 MIDLAND TRAIL ASHLAND, KY 41102	000: *--**-*113050		8,299.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BREATHTT CO. JR-SR HIGH SCHOOL 2307 BOBCAT LANE JACKSON, KY 41339	000: *--**-*113024		19,893.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
CARR CREEK ELEM. SCHOOL P.O. BOX 114 LIFT CARR, KY 41834	000: *--**-*113027		22,955.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
CHARLES HART MIDDLE SCHOOL 601 MISSISSIPPI AVE SE WASHINGTON, DC 20032	000: *--**-*113131		8,627.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
CORDIA COMBINED P.O BOX 869 / 115 HINDMAN BYPASS HINDMAN, KY 41822	000: *--**-*113027		7,489.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS ELEMENTARY SCHOOL 4755 U.S. RT. 60 EAST OWINGSVILLE, KY 40360	000: *-**-**113021		8,842.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
CRUM PK-8 SCHOOL 150 CRUM ROAD CRUM, WV 25669	000: *-**-**500009(3)		9,698.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
DENNEHOTSO BOARDING SCHOOL P.O. BOX 2570 DENNEHOTSO, AZ 86535	000: *-**-**501009(3)		10,252.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
DZILTH COMMUNITY GRANT SCHOOL 35 ROAD 7585 #5003 BLOOMFIELD, NM 87413	000: *-**-**501009(3)		23,968.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
EAST VALLEY ELEMENTARY SCHOOL 7585 HIGHWAY 172 WEST LIBERTY, KY 41472	000: *-**-**113021		10,899.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
EDEN ELEMENTARY P.O. BOX 1683 INEZ, KY 41224	000: *-**-**113022		26,891.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
ELKHARDT-THOMPSON 7825 FOREST HILL AVE. RICHMOND, VA 23225	000: *-**-**113029		5,070.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
EMMALENA ELEMENTARY SCHOOL P.O. BOX 123 EMMALENA, KY 41740	000: *-**-**113027		9,029.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
FAIRVIEW INDEPENDENT SCHOOL 2127 MAIN STREET, WESTWOOD ASHLAND, KY 41102	000: *-**-**501009(3)		9,060.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FALLSBURG ELEMENTARY 6869 N HWY 3 LOUISA, KY 41230	00*: *--**-*113015		7,715.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
FEDS CREEK ELEMENTARY 221 FEDS CREEK RD. FEDS CREEK, KY 41524	00*: *--**-*113015		6,751.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
FLOYD CENTRAL HIGH SCHOOL 651 KY RT. 680 W EASTERN, KY 41622	00*: *--**-*113015		6,587.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
GLADE CREEK ELEMENTARY SCHOOL 32 GLADE CREEK SCHOOL RD. ENNICE, NC 28623	00*: *--**-*113015		12,782.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HANNA DLI COMMUNITY SCHOOL P.O. BOX 639 BLOOMFIELD, NM 87413	00*: *--**-*113015		17,352.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HAZARD ELEMENTARY SCHOOL 325 SCHOOL STREET HAZARD, KY 41701	00*: *--**-*113015		5,468.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HERALD WHITAKER MIDDLE SCHOOL 221 HORNET DR. SALYERSVILLE, KY 41465	00*: *--**-*113015		9,963.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HIGHLAND TURNER ELEMENTARY SCHOOL 10355 HWY 30 WEST BOONEVILLE, KY 41314	00*: *--**-*113015		8,590.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HINDMAN ELEMENTARY SCHOOL, KY P.O. BOX 816 HINDMAN, KY 41822	00*: *--**-*113015		10,685.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IGLESIA BAUTISTA DE METROPOLIS P.O. BOX 30141 SAN JUAN, PR 00929	000: *--**-*113287		20,893.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
INEZ ELEMENTARY SCHOOL 5000 ELEMENTARY DR. INEZ, KY 41224	000: *--**-*114002		14,009.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
JACKSON CITY SCHOOL 940 HIGHLAND AVE JACKSON, KY 41339	000: *--**-*114095		9,785.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
JOHNS CREEK ELEMENTARY SCHOOL 8302 META HWY. PIKEVILLE, KY 41501	000: *--**-*114045		7,878.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
JOHNSON CENTRAL HIGH SCHOOL 257 N. MAYO TRAIL PAINEVILLE, KY 41240	000: *--**-*114048		8,349.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
KAYENTA COMMUNITY SCHOOL P.O. BOX 188 KAYENTA, AZ 86033	000: *--**-*101806(3)		8,089.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
KNOTT COUNTY CENTRAL HIGH SCHOOL 75 PATRIOT LANE HINDMAN, KY 41822	000: *--**-*114287		22,233.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LAKE VALLEY BOARDING SCHOOL P.O. BOX 748 CROWPOINT, NM 87313	000: *--**-*107406(3)		23,059.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LANGSTON HUGHES P.O. BOX 792800 NEW ORLEANS, LA 70179	000: *--**-*115054		10,182.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCE COUNTY HIGH SCHOOL 100 BULLDOG LANE LOUISA, KY 41230	000: *--**-*113015		5,482.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LEWIS CO. MIDDLE SCHOOL / HIGH P.O. BOX 99 VANCEBURG, KY 41179	000: *--**-*113070		10,947.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LIVE OAK ACADEMY P.O. BOX 792800 NEW ORLEANS, LA 70179	000: *--**-*115054		12,596.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LOTTS CREEK COMMUNITY 325 SCHOOL STREET HAZARD, KY 41701	000: *--**-*113055		45,400.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MAGOFFIN CO. HIGH SCHOOL 201 HORNET DR. SALYERSVILLE, KY 41465	000: *--**-*113058		21,322.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARIANO LAKE COMMUNITY SCHOOL P.O. BOX 787 CROWPOINT, NM 87313	000: *--**-*50740(3)		13,345.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARIE ROBERTS CANEY ELEMENTARY 115 REDSKIN RD LOST CREEK, KY 41348	000: *--**-*113004		7,775.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARTHA JANE POTTER ELEMENTARY SCHOOL - 55 KONA DR. - WHITESBURG, KY 41858	000: *--**-*113075		11,176.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARTIN COUNTY HIGH SCHOOL 137 HOLLY BUSH RD INEZ, KY 41224	000: *--**-*113002		30,954.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN COUNTY MIDDLE SCHOOL P.O. BOX 63 ROUTE 40 WARFIELD, KY 41267	000: *-**-*11302		20,988.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MAY VALLEY 760 481 STEPHENS BRANCH RD. MARTIN, KY 41649	000: *-**-*113017		7,686.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MENIFEE ELEMENTARY P.O BOX 39 DENNISTON, KY 40316	000: *-**-*113079		9,539.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MENIFEE HIGH SCHOOL 119 INDIAN CREEK RD FRENCHBURG, KY 40322	000: *-**-*113079		6,782.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MILLARD ELEMENTARY 5724 EAST SHELBIANA HWY PIKESVILLE, KY 41501	000: *-**-*113045		6,080.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MITCHELL HIGH SCHOOL 416 LEDGER SCHOOL RD. BAKERSVILLE, NC 28705	000: *-**-*113075		7,868.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MORGAN CENTRAL ELEMENTARY 3201 HWY 460 WEST WEST LIBERTY, KY 41472	000: *-**-*113441		7,782.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MORGAN COUNTY HIGH SCHOOL 150 ROAD TO SUCCESS WEST LIBERTY, KY 41472	000: *-**-*113441		10,306.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MORGAN COUNTY MIDDLE SCHOOL 380 ROAD TO SUCCESS WEST LIBERTY, KY 41472	000: *-**-*113441		10,285.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORRIS JEFF COMMUNITY SCHOOL P.O. BOX 792800 NEW ORLEANS, LA 70179	●●*: *—**_ *507054(3)		12,269.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
NORTH MAGOFFIN ELEMENTARY 1991 HWY 460 W SALYERSVILLE, KY 41465	●●*: *—**_ *113058		12,962.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
OJO ENCINO DAY SCHOOL P.O. BOX 7 CUBA, NM 87013	●●*: *—**_ *507408(3)		13,772.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
OWINGSVILLE ELEMENTARY 50 CHENAULT DR. OWINGSVILLE, KY 40360	●●*: *—**_ *113041		6,540.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PAGE HIGH SCHOOL 500 S NAVAJO DR PAGE, AZ 86040	●●*: *—**_ *113032		7,823.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PHELPS ELEMENTARY SCHOOL P.O. BOX 529 PHELPS, KY 41553	●●*: *—**_ *113045		6,816.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PHELPS HIGH SCHOOL P.O. BOX 131 PHELPS, KY 41553	●●*: *—**_ *113045		21,610.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PHYLLIS WHEATLEY ACADEMY P.O. BOX 792800 NEW ORLEANS, LA 70179	●●*: *—**_ *115054		11,694.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PIKE CENTRAL HIGH SCHOOL 100 WINNERS CIRCLE PIKEVILLE, KY 41501	●●*: *—**_ *113045		9,911.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINEY CREEK ELEMENTARY SCHOOL 559 PINEY CREEK SCHOOL RD. PINEY CREEK, NC 28663	000: *--**-*112738		15,199.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PINON COMMUNITY SCHOOL P.O. BOX 159 PINON, AZ 86510	000: *--**-*115622		11,273.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PUEBLO PINTADO BOARDING SCHOOL 79 BOX 80 PUEBLO PINTADA, NM 87013	000: *--**-*115413		8,045.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
RED ROCK DAY SCHOOL P.O. DRAWER 2007 RED VALLEY, AZ 86544	000: *--**-*307403(3)		11,529.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SALYERSVILLE ELEMENTARY SCHOOL 204 HORNET DR. SALYERSVILLE, KY 41465	000: *--**-*113553		10,797.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SAMUEL J. GREEN CHAPTER P.O. BOX 792800 NEW ORLEANS, LA 70179	000: *--**-*115053		14,231.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SEBASTIAN ELEMENTARY 244 LBJ RD. JACKSON, KY 41339	000: *--**-*113503		10,188.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SHELBY VALLEY HIGH SCHOOL 125 DOUGLAS PARK PIKEVILLE, KY 41501	000: *--**-*115453		7,859.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SHONTO SCHOOL P.O. BOX 7900 SHONTO, AZ 86054	000: *--**-*115303		28,560.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTA ELEMENTARY 450 N. MAIN ST. SPARTA, NC 28675	000: *-**-*119985		31,727.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
ST. MICHAEL'S SPECIAL ED SCHOOL P.O. BOX 100 ST. MICHAEL'S, AZ 86511	000: *-**-*504065(3)		40,972.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
STUMBO ELEMENTARY 6945 KY RT. 979 GRETHEL, KY 41631	000: *-**-*113847		5,915.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SUCCESS PREP C/O COMMUNITIES IN SCHOOLS OF THE GULF SOUTH - P.O. BOX 792800 - NEW ORLEANS, LA 70179	000: *-**-*115054		7,257.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TOHALLI COMMUNITY SCHOOL HWY 666 NEWCOMB, NM 87455	000: *-**-*115418		13,478.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TO'HAIILEE COMMUNITY SCHOOL P.O. BOX 3438 LAGUNA, NM 87026	000: *-**-*507408(3)		17,877.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TONALEA SCHOOL HWY 160, RT 21 TONALEA, AZ 86044-0039	000: *-**-*113849		7,234.	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	000: *-**-*507408(3)		9,795.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
VALLE CRUCIS ELEMENTARY 2998 BROADSTONE RD. SUGAR GROVE, NC 28679	000: *-**-*119819		7,541.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EACH PROJECT IS REQUIRED TO KEEP ACCURATE RECORDS AS TO HOW FUNDS ARE SPENT AT THE PROJECT LEVEL. US PROJECTS ARE REQUIRED TO SUBMIT FINANCIAL REPORTS, ALONG WITH RECEIPTS SHOWING DISBURSEMENTS, ON A QUARTERLY BASIS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHANY HIGH SCHOOL

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

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

Part IV Supplemental Information

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BATH COUNTY HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: BATH COUNTY MIDDLE SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: BEAVER 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 ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY HIGH SCHOOL, KY

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

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY MIDDLE SCHOOL

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: BETSY LAYNE 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: BOUSHALL 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. JR-SR HIGH SCHOOL

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: 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: CHARLES HART MIDDLE SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: CORDIA COMBINED

(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: CRUM PK-8 SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: DENNEHOTSO BOARDING SCHOOL

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: 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 VALLEY ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: 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: ELKHARDT-THOMPSON

(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

Part IV Supplemental Information

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: FALLSBURG 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: FEDS CREEK 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: FLOYD CENTRAL HGH 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: HANNA DLI COMMUNITY SCHOOL

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

Part IV Supplemental Information

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: HAZARD ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: HERALD WHITAKER MIDDLE SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: HIGHLAND TURNER 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: 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: IGLESIA BAUTISTA DE METROPOLIS

(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: INEZ ELEMENTARY SCHOOL

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: JACKSON CITY 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: JOHNS CREEK ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: JOHNSON CENTRAL HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: KAYENTA COMMUNITY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: KNOTT COUNTY CENTRAL HIGH SCHOOL

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LAKE VALLEY BOARDING SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: LANGSTON HUGHES

(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: LAWRENCE 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: LEWIS CO. MIDDLE SCHOOL / HIGH

(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: LIVE OAK 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: LOTTS CREEK COMMUNITY

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: 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: 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: MARIE ROBERTS CANEY 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: MARTHA JANE POTTER 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: MARTIN 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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MARTIN COUNTY MIDDLE SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: MAY VALLEY 760

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

NAME OF ORGANIZATION OR GOVERNMENT: MENIFEE 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: MENIFEE HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: MILLARD 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: MITCHELL HIGH SCHOOL

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

Part IV Supplemental Information

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: 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: 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: 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: OJO ENCINO DAY SCHOOL

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: OWINGSVILLE 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: 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 GOVERNMENT: PHELPS HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: PHYLLIS WHEATLEY 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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PIKE 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: 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: PINON COMMUNITY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: 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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: SAMUEL J. GREEN CHARTER

(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 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: 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: 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: 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

Part IV Supplemental Information

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: STUMBO 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:

SUCCESS PREP C/O COMMUNITIES IN SCHOOLS OF THE GULF SOUTH

(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: TOHAALI 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: 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: TONALEA SCHOOL

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: 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: VALLE CRUCIS 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: VALLEY ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: 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. MIDDLE/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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CHILDREN, INCORPORATED

Employer identification number

-*1510

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

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

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

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

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

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

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

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

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

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

Name of the organization

CHILDREN, INCORPORATED

Employer identification number

-*1510

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

CHANGE IN VALUE OF BENEFICIAL INTS IN CHARITABLE REMAINDER

ANNUITY TRUSTS

242,796.

FORM 990, PART XII, LINE 2C:

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

Public Disclosure