	00		Return of Organization Exempt From		OMB No. 1545-0047							
For	m YY	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	<sup>is)</sup> 2021								
Dep	artment of th	ne Treasurv	Do not enter social security numbers on this form as it m	Open to Public								
Inter	rnal Revenue	Service	Go to www.irs.gov/Form990 for instructions and the la		Inspection							
		For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 Check if C Name of organization D Employer identificat										
	Check if applicable:	cation number										
	Address	CUTL	DREN, INCORPORATED									
	Change		usiness as	**-***15	10							
F	change Initial return	U	and street (or P.O. box if mail is not delivered to street address) Room/									
	Final Final		3 ALLECINGIE PARKWAY	804-359-								
-	termin- ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,528,542.							
	Amendeo		H CHESTERFIELD, VA 23235	H(a) Is this a group re								
	Applica-		nd address of principal officer: RONALD H. CARTER	for subordinates								
	pending		AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No							
1	Tax-exen	npt status: [	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions							
			CHILDRENINCORPORATED.ORG	H(c) Group exemption	n number 🕨							
			X Corporation Trust Association Other ►	Year of formation: 1964	A State of legal domicile: VA							
P		Summary										
đ	<b>1</b> B		e the organization's mission or most significant activities: TO ARRAN									
Activities & Governance	2  <u>T</u>		THE BASIC AND EDUCATIONAL NEEDS OF I									
erna	<b>2</b> C	heck this boy		more than 25% of its net ass	-							
Ň	<b>3</b> N		ing members of the governing body (Part VI, line 1a)		9							
ن م	4 N		ependent voting members of the governing body (Part VI, line 1b)		<u> </u>							
ies	5 To		of individuals employed in calendar year 2021 (Part V, line 2a)	5	155							
tivit	6 To		of volunteers (estimate if necessary)		0.							
AC			business revenue from Part VIII, column (C), line 12		0.							
		et unrelated i	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year							
	<b>8</b> C	ontributions	and grants (Part VIII, line 1h)	5,025,670.	4,013,273.							
Revenue	9 P		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	0.	0.							
ver	<b>10</b> In		come (Part VIII, column (A), lines 3, 4, and 7d)	345,168.	121,343.							
ă	11 0		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.							
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,370,838.	4,134,616.							
			nilar amounts paid (Part IX, column (A), lines 1-3)	2,855,032.	2,540,774.							
			o or for members (Part IX, column (A), line 4)	0.	0.							
es			compensation, employee benefits (Part IX, column (A), lines 5-10)	988,081.	922,644.							
nse	<b>16a</b> P	rofessional fu	Indraising fees (Part IX, column (A), line 11e)	0.	0.							
Expense	b To	otal fundraisi	ng expenses (Part IX, column (D), line 25)									
Ű	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	472,710.	489,770.							
	<b>18</b> To	otal expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,315,823.	3,953,188.							
		evenue less e	expenses. Subtract line 18 from line 12	1,055,015.	181,428.							
Net Assets or				Beginning of Current Year	End of Year							
sset	та <b>20</b> То		Part X, line 16)	8,947,369.	8,156,259.							
etA	21 To		(Part X, line 26)	319,917.	269,530.							
		et assets or f Signature	und balances. Subtract line 21 from line 20	8,627,452.	7,886,729.							
		-	declare that I have examined this return, including accompanying schedules and st	atements and to the best of my	knowledge and helief it is							
			Declaration of preparer (other than officer) is based on all information of which pre		הווטשופטער מווט שרוורו, וג 3							
	,											

Sign Here	'	Signature of officer RONALD H. CARTER, PRES	IDENT AND CEO	Date							
		Type or print name and title									
	Print/	Type preparer's name	Preparer's signature	Date							
Paid	JEN	NIFER R. FILES, CPA	JENNIFER R. FILES,		/22 self-employed P01275752						
Preparer	Firm's	aname 🕨 YOUNT, HYDE & BAI	RBOUR, P.C.		Firm's EIN 🕨 **-***9263						
Use Only	Firm's	address P.O. BOX 2560									
	WINCHESTER, VA 22604-1760 Phone no. 540-662-3417										
May the IF	RS disc	cuss this return with the preparer shown abo	ve? See instructions		X Yes No						
					= 000 (ass ()						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	990 (2021) CHILDREN, INCORPORATED	**-***1510 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO ARRANGE AND PROVIDE FUNDING FOR SUPPLIES AND SERVICES	ΤΟ ΜΕΕΤ ΤΗΕ
	BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED CHILDREN.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	
~	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses 3,468,295. including grants of 2,540,774.) (Revenue	
	ARRANGING AND PROVIDING FUNDING FOR SUPPLIES AND SERVICES	
	BASIC AND EDUCATIONAL NEEDS OF APPROXIMATELY 20,000 IMPOV	
	CHILDREN IN 300 LOCATIONS, HALF IN THE UNITED STATES AND	HALF IN OTHER
	COUNTRIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$ )
		/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie\$)
4d	Other program services (Describe on Schedule O.)	
τu		١
40	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     3,468,295.	
40		Form <b>990</b> (2021)
10000	2 10 00 01	FORTH 000 (2021)
13200	<sup>2</sup> 12-09-21 <b>2</b>	

2021.05000 CHILDREN, INCORPORATED 49256501

 Form 990 (2021)
 CHILDREN, INCORPORATED

 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			77
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
Ŀ	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	<u>_</u>	
b		116		х
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u		11d	х	
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX         Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	3 12-09-21	Form	<b>AAO</b> (	2021)

132003 12-09-21

3

Form	990	(2021)
FUIII	330	120211

			Yes	No
	d the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	rt IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
	d the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
and	d former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Sc	hedule J	23		X
24a Dic	d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
las	st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	hedule K. If "No," go to line 25a	24a		Х
	d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	y tax-exempt bonds?	24c		
	d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	Insaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		056		х
	hedule L, Part I	25b		<u></u>
	d the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
	ntrolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
	d the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	eator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	tity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
<b>28</b> Wa	as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
ins	structions for applicable filing thresholds, conditions, and exceptions):			
	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
"Ye	es," complete Schedule L, Part IV	28a		_X
<b>b</b> Af	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
<b>c</b> A 3	35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	es," complete Schedule L, Part IV	28c		X
<b>29</b> Dic	d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
<b>30</b> Dic	d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
CO	ntributions? If "Yes," complete Schedule M	30		X
<b>31</b> Dic	d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	hedule N, Part II	32		Х
	d the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	ctions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
<b>34</b> Wa	as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	rt V, line 1	34		Х
	d the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	"Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	thin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
		36		х
	Yes, " <i>complete Schedule R, Part V, line 2</i> d the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
		07		х
				- 11
	d that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
	d the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
	d the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>ote:</b> All Form 990 filers are required to complete Schedule O	37 38	х	
Part V	d the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			

2021.05000 CHILDREN, INCORPORATED 49256501

990 (2021) CHILDREN, INCORPORATED tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		**-**1	510	Р	age 🤇
				Yes	No
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			
If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s				
			3a		X
			3b		
		•			
	ccoun	t)?	<u>4a</u>		X
		()			
	ccount	s (FBAR).	_		v
					X X
	ction?				<u> </u>
			50		
	e orgar	nization solicit			v
		- 16 -	6a		X
	ons or	gifts			
			60		
					v
	vices pi	ovided to the payor?			X
	· · · · · · · · · · ·		<u> </u>		
	is requ	Irea	7-		x
	74		70		
	<u> </u>	0	7-		X
		<i>c</i>			X
			- /11		
	by the		0		
			00		
			30		
	102				
			1		
	112				
	114				
	116				
	·	1	122		
	I I		12.0		
	12.0		1		
			13a		
			100		
<b>o</b> .					
	13b				
			1		
			14a		X
			14b		
			15		x
·	incom	ie?	16		x
	anv				
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction Did the organization have unrelated business gross income of \$1,000 or more during the year? If 'Yes, 'has it lifed a Form 990 or for this year? <i>If Wo's</i> ( <i>has ba, provide an explanation on Schedule</i> At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country ( <i>such</i> as a bank account, securities account, or other financial al I' 'Yes, ' netter the name of the foreign country ( <i>such</i> as a bank account, securities account, or other financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the uny contributions that were not tax deductible as chartable contributions? ( <i>'Yes</i> ,' did the organization include with every solicitation an express statement that such contribution were not tax deductible? <b>Organizations that may receive deductible contributions under section 170(c)</b> . Did the organization notify the donor of the value of the goods or services provided? U the organization secieve a payment in excess of \$75 made partly as a contribution and partly for goods anteset if 'Yes,'' indicate the number of Forms 8282 filed during the year Did the organization notify the donor of the value of the goods or services provided? Did the organization receive a contribution of qualified intellectual property field the organization file For Did the organization neewer any funds, directly or indirectly, on a personal benefit contri if the organization receive a contribution of case, boats, anjanes, ot other yehicles, did the organization fif the organization receive a contribution of a davised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, include for the calendar year ending with or within the year covered by this return the state one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e_file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? If 'Yes,'' has it filed a Form 990-T for this year? If 'No'' to line 3b, provide an explanation on Schedule O . At any time during the calendar year, did the organization have an interest in, or a signature or other authorit financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,'' anter the name of the foreign country (such as a bank account, securities account, or other financial Account Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organ yo contributions that were not tax deductible acharitable contributions? If 'Yes' to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ yo contributions that were not tax deductible acharitable contributions? If 'Yes' did the organization include with every solicitation an express statement that such contributions or were not tax deductible acharitable contribution and parly for goods alk softee provide? Did the organization sell, exchange, or otherwise dispose of tangible personal property fer which it was require to file magnization eceive any funds, directly or indirectly, to pay premiums an a estoral benefit contract? If the organization medies a pays diventity the down of waise during the year? Did the organization maken a tability of indirectly, on a perional benefit contract? If the organization maken a tability of radives funds? Did a poravibility of the organization file f	Erfer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the first one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 23 is greater than 250, you may be required to <i>effic</i> , be instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? If Yes, 'hat filed a Form 900 To this year (' <i>i'</i> '''''' bine 3b, provide an explanation on Schedule O 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 accounts (FBAR). Was the organization a party to a prohibed tax shelter transaction at any time during the tax year? Did any tazable party notify the organization that it was or is a party to a prohibed tax shelter transaction any try to any ontitutions or offits were not tax deductibles of translable contributions? If Yes,' did the organization include with every solicitation an express statement that such contributions or offts were ont tax deductibles of the alue of the goods or services provided to the pary? If Yes,' did the organization necey eductible tax device the goods or services provided? Did the organization necey any part the door of the autor shell goods or services provided? Did the organization feel were any tax device the asta device the good of the organization file Form 828? If Yes,' did the organization file form 828? If Yes,' did the organization file form 828? Did the sognazization methods any sharp any feel the asta account and the down of the acceunt of the advect the set or the advect of the set oregonization file Form 829? If Yes,' indicate the num	Erier the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.           Terr         16           It is its one in reported on line 2a, did the organization file all required federal amployment tax networks?         20           Note: If the sum of lines 1 and 2a is greater than 250, you may be required to _e-Ma. See instructions.         3a           If Yes,' has if field Sorm 990-T field system?         3a           If Yes,' has if field Sorm 990-T field system?         3a           If Yes,' has if field Sorm 990-T field system?         4a           If Yes,' has if field Sorm 990-T field system?         4a           If Yes,' has if field Sorm 990-T field system?         5a           If Yes,' has if field Sorm 990-T field system?         5a           If Yes,' has if field Sorm 990-T field system?         5a           See instructions for fillor Requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).         5a           Did any taxable party noty to a prohibted tax shelter transaction at any time during the tax year?         5a           Did any taxable party noty to aprohibited tax shelter transaction?         5a           Did any taxable party noty to aprohibited tax shelter transaction?         5a           Did any taxable party noty to erganization field min 866-7?         5b           Did to reganization nation in come as agement to erganization shells are normally greater than \$200,000, and did the organization incle	Yes       Yes         Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,       16         If at least one is reported on line 2a, did the organization file all required doel and employment tax returns?       2a       X         Note: If the sum of lines 1 and 2a is greater that 200, our may be required to 4-file. See instructions.       3a       3a         If Yes's, has it filed a Form 90-10 for this year?       Yes       3b         At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a       3b         If Yes's, has it filed a Form 90-10 for line year?       4a       3b         If Yes's, one the foreign country       5c       5a         Doe instructions to file orgunements for FinCeN Form 114. Report of Foreign Bark and Financial Accounts (FBAP).       5a         Did any taxable party notify the organization file off mergine Bark and Financial Accounts (FBAP).       5a         Did any taxable party notify the organization file off mergine Bark and Financial Accounts (FBAP).       5a         Did or organization have annual grease there any solid tax shelter transaction?       5a         Did or organization have annual grease that a normally greater than \$100,000, and did the organization solid       6a         If Yes's (in the Sa organization file at normality creater than solid form 800 and the party or a transaction solid tax theleter transocid 170(c).       7a

			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>			
	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	<u> </u>		
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		Z
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a		Z
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b		Σ
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable antity during the year?	46-		X
<b>۲</b>	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
Ø	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
ec	exempt status with respect to such arrangements?			
7	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	м
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)			
0	for public inspection. Indicate how you made these available. Check all that apply.	3 Offiy)	avana	
	X       Own website       Another's website       Upon request       Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
-	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			
			<b>990</b>	
	S 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES	<b>-</b>	. 00"	

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

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.

Form 990 (2021)

\*\*-\*\*\*1510

Page 6

X

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	_
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	ate this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tay ye	2

ır Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the orgai • 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 the instructions for definition of "key employee."

INCORPORATED

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

CHILDREN,

Form 990 (2021)

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

(A) Name and title	<b>(B)</b> Average hours per	Average Position (do not check more than one box, unless person is both an director director director director director						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RONALD C. CARTER PRESIDENT AND CEO	40.00			x				99,470.	0.	0.
(2) ELIZABETH COLLINS	1.00								0.	0.
CHAIR	1	Х		х	C			0.	0.	0.
(3) KESIA GWALTNEY DIRECTOR	1.00	x						0.	0.	0.
(4) SHANTELL J.M. CHAMBLISS	1.00									
VICE-CHAIR (5) VICTOR ROGERS	1.00	X		X				0.	0.	0.
DIRECTOR		x						0.	0.	0.
(6) ALLYSON PETTY WIGGINS	1.00									0
SECRETARY (7) RYAN KOHAN	1.00	Х		X				0.	0.	0.
TREASURER		х		x				0.	0.	0.
(8) SALLY MOUNTCASTLE	1.00							_	_	_
DIRECTOR (9) THERESA P. STEWARD	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) WAYNE HUGGINS	1.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

\*\*-\*\*\*1510

Page 7

#### 10401115 781823 49256500.0

2021.05000 CHILDREN, INCORPORATED

Form	990 (2021) CHILDREN	, INCORF	POR	AT	'ED	)				**_***	151	) р	'age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)			(0				(D)	(E)		(F)	
	Name and title	Average	(10		Pos				Reportable	Reportable		Estimat	ed
		hours per					is both	n an	compensation	compensation		amount	of
		week	offi	cer an	ıd a di	irecto	or/trus	tee)	from	from related		other	
		(list any	ector						the	organizations	co	mpensa	ation
		hours for	or dir	e			ted		organization	(W-2/1099-MISC)		from th	
		related	stee (	ruste			pensa		(W-2/1099-MISC/	1099-NEC)		rganiza	
		organizations below	ual tru	onal		ploye	ee		1099-NEC)			ind relation	
		line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former			or	ganizat	ions
			<u> </u>	드	Of	Ke	토등	오					
							$\vdash$						
			1										
							-						
									s k	0			
									5				
									$\mathbf{n}$				
								4					
					•				00 470				
1b	Subtotal								99,470.				0.
	Total from continuation sheets to Part VI						·····		0. 99,470.		).		0.
 2	Total (add lines 1b and 1c)			licto	 d ab						•		0.
2	compensation from the organization			IISIC	u au	000	<i>-)</i> wii	016	ceived more than \$100,				0
			)									Yes	No
3	Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on			
	line 1a? If "Yes," complete Schedule J for s										3		x
4	For any individual listed on line 1a, is the su												
-	and related organizations greater than \$150										4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om	anv	unre	elate	ed organization or individ	ual for services			
-	rendered to the organization? If "Yes," com										. 5		x
Sec	tion B. Independent Contractors		<u></u>	01 00		2010	.011 .						
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	sation	from	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)				_				(B)			(C)	
	Name and business	address	NC	ONE	6				Description of s	ervices	Comp	pensatic	n
<u></u>	Total number of independent contractors "		ot liv-	nita	1 + ~ -	the		tod	abovo) who received				
2	Total number of independent contractors (in \$100,000 of compensation from the organized statement of the organized statement of the statement	-	UL III	mec	1 10 1		se iis )	ieu	above) who received mo				
	, ,	···· F									<b>F</b> .	000	(0001)

132008 12-09-21

Forn	n 99	0 (2	CHILDREN,	INCO	RPORATEI	C		**-***1	510 Page <b>9</b>
	rt \								
			Check if Schedule O contains a res	sponse o	r note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ខេត	1	а	Federated campaigns 1a	a					
rani			Membership dues						
ې ق			Fundraising events	c					
ar A			Related organizations 10	d					
s, o		е	Government grants (contributions)	e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above <b>11</b>	f 4,(	013,273.				
Git		g		g \$	37,075.				
Col		h	Total. Add lines 1a-1f			4,013,273.			
					Business Code				
ø	2	а							
Program Service Revenue		b							
Se		с							
am		d							
ogr B		е							
Ţ		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends						
			other similar amounts)		►	43,933.			43,933.
	4		Income from investment of tax-exempt						
	5		Royalties		►				
			(i) R	eal	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d		<u></u>					
	7	а	Gross amount from sales of (i) Secu		(ii) Other				
			assets other than inventory 7a 471, 3	336.	C				
		b	Less: cost or other basis		$\mathbf{O}$				
ne			and sales expenses						
venue		с	Gain or (loss)	410.					
		d	Net gain or (loss)		►	77,410.			77,410.
Other Re	8	а	Gross income from fundraising events (not including \$						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
	_		Net income or (loss) from fundraising ev		►				
	9	а	Gross income from gaming activities. S						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming activit	ties	<b>&gt;</b>				
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of inven	ntory					
s				F	Business Code				
noa	11								
Miscellaneous Revenue		b							
cell Sev		С							
Mis	1		All other revenue						
_		е	Total. Add lines 11a-11d						101 010
	12		Total revenue. See instructions		►	4,134,616.	0.	0.	
13200	9 12	-09-	21						Form <b>990</b> (2021)

#### Form 990 (2021) Part IX Statement of Functional Expenses

CHILDREN, INCORPORATED

\*\*-\*\*\*1510 Page 10

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,067,399. 1,067,399. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 1,473,375. individuals. See Part IV, lines 15 and 16 1,473,375. Benefits paid to or for members 4 5 Compensation of current officers, directors, 98,580. 34,503. 29,574. 34,503. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 687,637. 549,785. 91,841. 46,011. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 79,064. 58,262 12,705. 8,097. Other employee benefits 9 57,363. 42,271 9,218. 5,874. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 7,091. 35,457. 26 .593 1,773. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 24,340. 24,340. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 28,545 21,409. 5,709. 1,427. column (A), amount, list line 11g expenses on Sch 0.) 149,217. 149,217. 12 Advertising and promotion 35,371. 26,528. 7,074. 1,769. Office expenses ..... 13 24,866. 18,650. 4,973. ,243. Information technology ..... 14 15 Royalties 15,095. 11,321. 3,019. 755. 16 Occupancy 7,471. 6,350. 747. 374. 17 Travel Payments of travel or entertainment expense 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 63,523. 47,642. 12,705. 3,176. Depreciation, depletion, and amortization 22 16,788. 12,591. 3,358. 839. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 40,182. 39,860. 258. BANK AND CREDIT CARD FE 64. а OTHER EXPENSES 33,209. 24,905. 6,641. 1,663. h 15,706. 11,780. REPAIRS AND MAINTENANCE 3,141. 785. С d All other expenses е 3,953,188. 3,468,295. 227,323. 257,570. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

132010 12-09-21

Check here

10401115 781823 49256500.0

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

10 2021.05000 CHILDREN, INCORPORATED

Form 990 (2021)

182,512. 4 4 Accounts receivable, net 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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 1,668. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,375,195. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 504,988. 932,895. 442,300. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 4,258,996. 3,727,236. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,510,201. 1,205,256. Other assets. See Part IV, line 11 15 15 8,947,369. 8,156,259. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 319,917. 269,530. Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 319,917. 269,530. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,786,029. Net assets without donor restrictions 27 4,520,271. 27 2,841,423. Net assets with donor restrictions 3,366,458. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 8,627,452. 7,886,729. Total net assets or fund balances 32 32 8,947,369. 8,156,259. 33 33 Total liabilities and net assets/fund balances

CHILDREN, INCORPORATED

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

\_\_\_\_\_

(B) End of year

2,781,467.

Form 990 (2021)

(A) Beginning of year

2,489,004.

1

2 3

Form 990 (2021)
Part X Balance Sheet

1

2

Form	1990 (2021) CHILDREN, INCORPORATED	**_***	1510	Pag	<sub>ge</sub> 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,134	1,61	16.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,953		
3	Revenue less expenses. Subtract line 2 from line 1	3			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,627		
5	Net unrealized gains (losses) on investments	5	-617	7,20	<u> )6.</u>
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	-304	.,94	<u>45.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,886	5,72	<u> 29.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		. <b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2</u> c	^	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				х
	Act and OMB Circular A-133?		3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		3b		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Form	990	(2021)
			Form	550 (	2021)
	$\wedge \vee$				
	-				

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2021
Open to Public

Name of the	organization
-------------	--------------

Nan	Name of the organization Employer identification number								
						*-**1510			
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	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).)							
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				lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	•						and the state of the state of the
7	X	An organization that norma	•	ntial part of its support fr	rom a gove	ernmental	unit or from tr	ie general p	Dudiic described in
0		section 170(b)(1)(A)(vi). (C		(A)(A)(ui) (Complete Dev	• 11 \		0.		
8 9	$\square$	A community trust describe An agricultural research org			-	nd in coniu	notion with a	land grant	
9		or university or a non-land-g							
		university:	fram concept of agrico			lame, only	and state of	the conege	
10	$\square$	An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	is membersh	in fees and	d gross receipts from
		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Cor		,			,		,
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. <b>You must c</b>	· · · · · · · · · · · · · · · · · · ·						
b		<b>Type II.</b> A supporting org							
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted
	_	organization(s). You mus							-1 M-
C		J Type III functionally inte						ly integrate	a with,
d		its supported organization						tod organiz	vation(c)
U		that is not functionally int						-	
		requirement (see instructi			•			anallenin	61633
е		Check this box if the orga						II Type III	
		functionally integrated, or					, i jpo i, i jpo	n, 1990 m	
f	Ente	er the number of supported c			0 0				
g		vide the following informatior	•						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	al								

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3618768.	3598114.	3680007.	5025670.	4013273.	19935832.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3618768.	3598114.	3680007.	5025670.	4013273.	19935832.	
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)							
	Public support. Subtract line 5 from line 4.			0			19935832.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	3618768.	3598114.	3680007.	5025670.	4013273.	19935832.	
8	Gross income from interest,							
	dividends, payments received on		+ C					
	securities loans, rents, royalties,							
	and income from similar sources $\dots$	32,963.	53,283.	96,876.	70,535.	43,933.	297,590.	
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.)							
	Total support. Add lines 7 through 10						20233422.	
	Gross receipts from related activities,					12		
13	First 5 years. If the Form 990 is for the	-						
_	organization, check this box and stor		-					
	ction C. Computation of Publi						00 50	
	Public support percentage for 2021 (I		•			14	98.53 %	
	Public support percentage from 2020					15	98.40 %	
16a	33 1/3% support test - 2021. If the o							
	stop here. The organization qualifies		0					
b	<b>33 1/3% support test - 2020.</b> If the c				line 15 is 33 1/3%	or more, check th	is box	
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			-	-	VI how the organiz	ation	
	meets the facts-and-circumstances te	0	•		•			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th						. —	
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a			
						Schedule A	(Form 990) 2021	

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons				7		
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			20			
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	i.	C				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0,					
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	ion,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		<b>&gt;</b>
13202	3 01-04-22		15			Schedule	A (Form 990) 2021

2021.05000 CHILDREN, INCORPORATED

1

2

Yes No

## 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

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

132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

hedule A	(Form 990	) 2021	CHILDREN,	INCORPORATED
----------	-----------	--------	-----------	--------------

		**-***151(	J Pa	age <b>5</b>
Pa	t IV Supporting Organizations (continued)	T		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers, orted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. <i>Complete</i> line 2 below.	ructions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	ity (see instruction	c)	
2	Activities Test. Answer lines 2a and 2b below.	ly (see instructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
U U	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			

- these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer 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.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2b

3a

h	Did the	organizatio	n avarcis

10401115 781823 49256500.0

17 2021.05000 CHILDREN, INCORPORATED

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

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 **10** Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017

CHILDREN, INCORPORATED

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A (Form 990) 2021

1

**Current Year** 

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

2

3

4

6

7

8

9

(Form 990) 2021	CHILDREN,	INCORPORATED	**-**1510 Page 8
Supplemental Infe Part IV, Section A, lines line 1; Part IV, Section	ormation. Provide t s 1, 2, 3b, 3c, 4b, 4c, 5 D, lines 2 and 3; Part I	he explanations required by Part II, line 10; Pa a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sa ⁄, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)	,		
			0.
			$\langle 0 \rangle$
		S	
		<u> </u>	
	•	C	
•	$\circ$		
2		20	Schedule A (Form 990) 202
	Part IV, Section A, lines line 1; Part IV, Section Section D, lines 5, 6, ar	Supplemental Information. Provide t Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1; Part IV, Section D, lines 2 and 3; Part IV Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	Supplemental Information. Provide the explanations required by Part H, line 10; 26 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 16; 2a, 2b, 3a, and 3b; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part (See instructions.)

	HEDULE D	-	OMB No. 1545	<u>-0047</u>		
Depart	, ment of the Treasury I Revenue Service		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 90 for instructions and the latest information.		Open to Pu Inspection	
Nam	e of the organizati				identification n	
_		CHILDREN, INCORPOR			*-***151	0
Par		-	d Funds or Other Similar Funds or Ac	counts. (	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin		b) Eurodo and		
	<b>T</b> . <b>i</b> . <b>i i</b>		(a) Donor advised funds	b) Funds and	other accounts	<u>.</u> i
1		nd of year				
2		f contributions to (during year)				
3 4		f grants from (during year)				
4 5		t end of year	LI writing that the assets held in donor advised func	le		
5	-		exclusive legal control?		Yes	No
6			dvisors in writing that grant funds can be used or			
-			r donor advisor, or for any other purpose conferri			
	impermissible priv			0	Yes	No
Par	t II Conserv		ganization answered "Yes" on Form 990, Part IV,			
1		servation easements held by the organization				
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a histo	prically import	ant land area	
	Protection o	f natural habitat	Preservation of a certi	fied historic s	tructure	
		n of open space				
2			fied conservation contribution in the form of a cor			
	day of the tax year			Held a	t the End of the T	ax Year
а	Total number of co	onservation easements		2a		
b				2b		
с		vation easements on a certified historic stru		2c		
d			after 7/25/06, and not on a historic structure			
•				2d		
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation during	the tax	
	year	where property subject to conservation eas				
4 5		tion have a written policy regarding the per	*			
5		forcement of the conservation easements it			Yes	No
6			holds? handling of violations, and enforcing conservatio			
•		,			aannig me year	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	sements durir	ng the vear	
	▶\$		5		5	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h)	)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		Yes	No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense statem	ent and		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements that	at describes t	he	
_	organization's acc	ounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		-	
Par		-	Art, Historical Treasures, or Other S	imilar Ass	ets.	
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	•		8, not to report in its revenue statement and bala		orks	
			blic exhibition, education, or research in furtheran	ice of public		
	· •		ncial statements that describes these items.			
b	-		8, to report in its revenue statement and balance			
		· ·	exhibition, education, or research in furtherance	of public ser	vice,	
	•	ing amounts relating to these items:		•		
				► \$ ► \$		
0	. ,		asuras, or other similar assots for financial gain, r	· ·		
2	•		asures, or other similar assets for financial gain, p	JOVICE		
~	•	unts required to be reported under FASB A	0	۵		
a b	Assets included in			► \$	12	947.
		eduction Act Notice, see the Instructions		<b>F</b> T	ule D (Form 99	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form	990.
132051	10-28-21	
	2	5

	-		
2021	•	05000	(

Sche		N, INCORPOR						*151(		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, c	or Other	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the	following that	it make sig	nificant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progi	ram					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizati	on's exem	pt purpose i	n Part 2	XIII.		
5	During the year, did the organization solicit o	or receive donations of	f art, historical trea	asures, or oth	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's c	ollection?				Yes	X	No
Par	t IV Escrow and Custodial Arran	gements. Complet	te if the organizati	on answered	"Yes" on I	Form 990, Pa	art IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	ian or other intermedia	ary for contributior	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:							
								Amount	:	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F				ount liabilit	y?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete	if the organization ans	wered "Yes" on F	orm 990, Par	t IV, line 10	Э.				
		(a) Current year	<b>(b)</b> Prior year	(c) Two yea	ars back (	d) Three years	s back	(e) Four	years	back
1a	Beginning of year balance	572,347.	572,347	. 57	2,347.	572,	347.		572,	347.
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	572,347.	572,347	. 57	2,347.	572	347.		572,	347.
2	Provide the estimated percentage of the curr	rent vear end balance	(line 1a. column (a	a)) held as:						
a	Board designated or quasi-endowment		%	-,,,						
b	Permanent endowment ► 100	%	_/0							
		%								
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ion that are held a	and administe	red for the	organizatio	n			
ou	by:					, organization		ſ	Yes	No
	(i) Unrelated organizations	•						3a(i)		Х
								3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the							_ 00	- 1	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a.	See Form 99	D, Part X, li	ine 10.				
	Description of property	(a) Cost or ot	her <b>(b)</b> Cos	st or other	(c) Ac	cumulated		(d) Bool	k value	
		basis (investm	. ,	other)	1	reciation		(4) 200	( value	
1a	Land		-	•						
b	Buildings									
	Leasehold improvements									
	Equipment	1 200 - 1	95.		9	32,895		443	2,30	00-
	Other					,055	-		_,	
	Add lines 1a through 1e. (Column (d) must e		( column (B) line	100)	1			441	2,30	0.
1010		<u>iqual FUIII 990, Part X</u>	<u>, column (b), line</u>	100.j				D (Form		
						001	.saule	2,000	)	

Schedule D	(Form 990) 2021 CHILDREN,	INCORPORATED	**.	-***1510 Page <b>3</b>
Part VII				
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financia	al derivatives			
.,	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)	•		
	Investments - Program Related.			
	Complete if the organization answered "Ye	s" 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)			0.	
(2)			30	
(3)				
(4)				
(5)				
(6)				
(7)		•		
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		•	
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(	a) Description		(b) Book value
(1) BE	NEFICIAL INTERESTS IN	CHARITABLE REMA	AINDER ANNUITY	
(2) TR	USTS			1,205,256.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	line 15.)		1,205,256.
Part X	Other Liabilities.			
	Complete if the organization answered "Ye	s" 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) Fec	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) l	line 25.)	<b>&gt;</b>	
2. Liability	for uncertain tax positions. In Part XIII, provi	de the text of the footnote to	the organization's financial statements th	at 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 ....

132053 10-28-21

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 CHILDREN, INCORPORATED			**_	***1510	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With				
	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	3,188,	125.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-617,206.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d		2d	-304,945.			
е	Add lines 2a through 2d			2e	-922,	
3	Subtract line 2e from line 1			3	4,110,	<u>.276.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,340.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		340.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,134,	616.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wit	th Expenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,928,	848.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,928,	848.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,340.			
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		340.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,953,	188.
Pa	t XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/. lines 1	b and 2b: Part V. line 4	: Part )	K. line 2: Part X	I.

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	2; Parl
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

-304,945.

132054 10-28-21

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
Internal Revenue Service		www.irs.gov/Fo	orm990 for instructions and the lates	t information.	Employer i		ion number	
Name of the organization					Employer	dentificat	ion number	
CHILDREN, INCOF					**_***			
Part I General Info	ormation on A	ctivities Out	side the United States. Compl	ete if the orgar	nization answe	ered "Yes"	on	
Form 990, Part								
-	•		ds to substantiate the amount of its gra				77	
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	🛄 Yes	s 🛛 No	
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistanc	e outside t	:he	
3 Activities per Region. (	The following Part	I, line 3 table ca	n be duplicated if additional space is r					
(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in ( gram service, e specific type e(s) in the regio	e ir	(f) Total xpenditures for and nvestments in the region	
NORTH AMERICA -				PROVIDE FUN	NDING FOR			
CANADA AND MEXICO,				SUPPLIES AN	ND SERVICES	з то		
BUT NOT THE UNITED				MEET THE BA	ASIC AND			
STATES	0	0	PROGRAM SERVICES	EDUCATIONAL	NEEDS OF		26,933.	
			C	PROVIDE FUN	NDING FOR			
				SUPPLIES AN	ND SERVICES	з то		
				MEET THE BA	ASIC AND			
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIONAL	NEEDS OF		486,831.	
				PROVIDE FUN	NDING FOR			
				SUPPLIES AN	ND SERVICES	з то		
				MEET THE BA	ASIC AND			
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATIONAI	NEEDS OF		209,258.	
				PROVIDE FUN	IDING FOR			
				SUPPLIES AN	ND SERVICES	з то		
		• (		MEET THE BA				
SUBSAHARA AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL			226,571.	
			>	PROVIDE FUN				
		NY		SUPPLIES AN		з то		
CENTRAL AMERICA AND				MEET THE BA				
THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATIONAL			373,726.	
				PROVIDE FUN				
				SUPPLIES AN		S TO		
EAST ASIA AND THE	0	0	DROGRAM GERWIGEG	MEET THE BA			07 540	
PACIFIC	0	0	PROGRAM SERVICES	EDUCATIONAI PROVIDE FUN			97,549.	
				SUPPLIES AN				
MIDDLE EAST AND				MEET THE BA				
NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATIONAL			52,507.	
	, ,	, °					52,507.	
3 a Subtotal	0	0				1	.,473,375.	
<b>b</b> Total from continuation							. , .	
sheets to Part I		0					0.	
c Totals (add lines 3a								
and 3b)	0	0				1	.,473,375.	

Statement of Activities Outside the United States

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2021

OMB No. 1545-0047

202

132071 12-20-21

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		ARGENTINA	CHILD SPONSORSHIP	14,183.	WIRE TRANSFER	0.		
					0			
		BOLIVIA	CHILD SPONSORSHIP	292,536.	WIRE TRANSFER	0.		
					5			
		BRAZIL	CHILD SPONSORSHIP	55,092.	WIRE TRANSFER	0.		
			• 0					
		CHILE	CHILD SPONSORSHIP	36,808.	WIRE TRANSFER	0.		
				r				
		COLOMBIA	CHILD SPONSORSHIP	27,250.	WIRE TRANSFER	0.		
		COSTA RICA	CHILD SPONSORSHIP	EE E42	WIRE TRANSFER	0.		
				55,545.	WIRE TRANSFER	0.		
		EL SALVADOR	CHILD SPONSORSHIP	54,760.	WIRE TRANSFER	Ο.		
		ETHIOPIA	CHILD SPONSORSHIP	24,473.	WIRE TRANSFER	0.		
			recognized as charities by the f					
			or counsel has provided a sect	ion 501(c)(3) equ	vivalency letter	🕨 _		
3 Enter total number of	other organizations of	or entities						

Schedule F (Form 990) 2021

Schedule F (Form 990)	CHILD	REN, INCORPO	RATED		**_**	*1510		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GUATEMALA	CHILD SPONSORSHIP	175,288.	WIRE TRANSFER	0.		
		HONDURAS	CHILD SPONSORSHIP	50,574.	WIRE TRANSFER	0.		
		INDIA	CHILD SPONSORSHIP	100,000	WIRE TRANSFER	0.		
			CHILD SPONSORSHIP	XC		0.		
		KENYA	CHILD SPONSORSHIP	183,397.	WIRE TRANSFER	0.		
		LEBANON	CHILD SPONSORSHIP	52,507.	WIRE TRANSFER	0.		
		MEXICO	CHILD SPONSORSHIP	26 933	WIRE TRANSFER	0.		
			<u>,</u>					
		NICARAGUA	CHILD SPONSORSHIP	37,562.	WIRE TRANSFER	0.		
		PARAGUAY	CHILD SPONSORSHIP	17,855.	WIRE TRANSFER	0.		
		PERU	CHILD SPONSORSHIP	42 109	WIRE TRANSFER	0.		
		F 11/0	PULLE DI	±3,100.	TINE INAMOLEK	٥.		

ontinuation of	f Grants and Other /	• • • • • • • • • • • • • • • • • • •						Page <b>2</b>
		Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		PHILIPPINES	CHILD SPONSORSHIP	53,178.	WIRE TRANSFER	0.		
		SOUTH KOREA	CHILD SPONSORSHIP	44,370.	WIRE TRANSFER	0.		
		ODT LANZA	CUTT D. CDONCODCUTD	10 150		0		
		SKI LANKA	CRILD SPONSORSHIP	XC	MIRE TRANSFER	0.		
		LIBERIA	• 6	18,700.		0.		
			ji <sup>C</sup>					
		0	<u>,</u>					
			PHILIPPINES SOUTH KOREA	and EIN (II applicable) grant PHILIPPINES CHILD SPONSORSHIP SOUTH KOREA CHILD SPONSORSHIP SRI LANKA CHILD SPONSORSHIP	and EIW (II applicable) Grant Grant or cash grant or cash grant PHILIPPINES CHILD SPONSORSHIP 53,178.	and Env (n'applicable)       grant       of cash grant       cash disbursement         PHILIPPINES       CHILD SPONSORSHIP       53,178. WIRE TRANSFER         SOUTH KOREA       CHILD SPONSORSHIP       44,370. WIRE TRANSFER         SRI LANKA       CHILD SPONSORSHIP       19,159. WIRE TRANSFER	and EIN (II applicable)       grant       of cash grant       cash disbursement       assistance         PHILIPPINES       CHILD SPONSORSHIP       53,178.       WIRE TRANSFER       0.         SOUTH KOREA       CHILD SPONSORSHIP       44,370.       WIRE TRANSFER       0.         SRI LANKA       CHILD SPONSORSHIP       19,159.       MIRE TRANSFER       0.	and EIN (II duplicable) Grant Grant Cash Gra

\*\*-\*\*\*1510

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No
	PUDIC	Schedule F (For	m 990) 2021

Schedule F (Form 990) 2021 CHILDREN, INCORPORATED	**-***1510	Page 5
Part V         Supplemental Information           Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); (estimated number of recipients), as applicable. Also complete this part to provide any additional information	and Part III, column (c)	
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 SEM	MI-ANNUAL	
BASIS.		
PART I, LINE 3, COLUMN (E):		
REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITH	ED STATES	
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FO	OR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPO	OVERISHED	
CHILDREN		
REGION: SOUTH AMERICA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FO	OR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPO	OVERISHED	
CHILDREN		
REGION: SOUTH ASIA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FO	OR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPO	OVERISHED	
CHILDREN		
REGION: SUBSAHARA AFRICA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDING FO	OR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPO	OVERISHED	
CHILDREN		

132075 12-20-21

Schedule F (Form 990) 2021 CHILDREN, INCORPORATED	**-***1510	Page 5
Part V Supplemental Information		9
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (a	ccounting 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	I information. See instructions.	
REGION: CENTRAL AMERICA AND THE CARIBBEAN		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUND	ING FOR SUPPLIES	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	F IMPOVERISHED	
CHILDREN		
REGION: EAST ASIA AND THE PACIFIC		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUNDI	ING FOR SUPPLIES	
	2.	
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	IMPOVERISHED	
CHILDREN	F	
REGION: MIDDLE EAST AND NORTH AFRICA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE FUND	ING FOR SUPPLIES	
AND GEDUICES TO MEET THE DAGLE AND EDUCATIONAL MEEDS OF		
AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	F IMPOVERISHED	
CHILDREN		

132075 12-20-21

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		<b>N</b> Co to unuu in	Attach to For				Open to Public Inspection
		Go to www.ir	s.gov/Form990 fo	r the latest inform	lation.		•
Name of the organization CHILD	REN, INCORPOR	ATED					Employer identification number **-**1510
Part I General Information on (	Grants and Assistance						
<b>1</b> Does the organization maintain	records to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants	s or assistance?						X Yes No
2 Describe in Part IV the organizat	tion's procedures for monit	oring the use of grant	funds in the United	States.			
	ance to Domestic Organiz re than \$5,000. Part II can			•	anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
<b>1 (a)</b> Name and address of organi or government	zation (b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				6			PROVIDES BASIC AND HEALTH
ALLEGHANY HIGH SCHOOL							RELATED NEEDS SUCH AS
404 TROJAN AVE.							CLOTHING, SHOES, FOOD;
SPARTA, NC 28675	••*:**	119985 	26,500.	0.			EDUCATIONAL NEEDS SUCH AS
			C	V			PROVIDES BASIC AND HEALTH
ARTHUR ASHE CHARTER SCHOOL			+ 6	7			RELATED NEEDS SUCH AS
P. O. BOX 792800							CLOTHING, SHOES, FOOD;
NEW ORLEANS, LA 70179	••*:* <u>**</u> **-*	**7054	9,923.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
BATH COUNTY HIGH SCHOOL							RELATED NEEDS SUCH AS
645 CHENAULT DRIVE OWINGSVILLE, KY 40360	••*:* <u></u> **-*	*****	<b>D</b> 11,913.	0.			CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
, KI 40500	•• ; == -	1130#1	11,913.	0.			PROVIDES BASIC AND HEALTH
BATH COUNTY MIDDLE SCHOOL							RELATED NEEDS SUCH AS
335 W. MAIN ST.							CLOTHING, SHOES, FOOD;
OWINGSVILLE, KY 40360	••*:***	115811	12,963.	0.			EDUCATIONAL NEEDS SUCH AS
,,							PROVIDES BASIC AND HEALTH
BEAVER CREEK ELEMENTARY SCHOO							RELATED NEEDS SUCH AS
8000 HWY. 7 SOUTH							CLOTHING, SHOES, FOOD;
TOPMOST, KY 41862	••*:* <u></u> **-*	<b>**5</b> 297	10,577.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
BELFRY HIGH SCHOOOL, KY							RELATED NEEDS SUCH AS
P.O. BOX 160							CLOTHING, SHOES, FOOD;
BELFRY, KY 41514	••*:* <u>-</u> **-*	t t 5 β 4 5	15,089.	0.			EDUCATIONAL NEEDS SUCH AS
2 Enter total number of section 50	1(c)(3) and government org	anizations listed in the	e line 1 table				
3 Enter total number of other orga	nizations listed in the line 1	table					
LUA For Department Poduction Act							Sebedule I (Form 000) 2021

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

### CHILDREN,

	INCORPOR						**-***1510 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho I	edule I (⊢orm 990), Pa I	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALT
BELFRY MIDDLE SCHOOL							RELATED NEEDS SUCH AS
.O. BOX 850							CLOTHING, SHOES, FOOD;
ELFRY, KY 41514	••*:***-*	111845	6,208.	0.			EDUCATIONAL NEEDS SUCH A
							PROVIDES BASIC AND HEALT
ETSY LAYNE HIGH SCHOOL					0		RELATED NEEDS SUCH AS
.O BOX 437							CLOTHING, SHOES, FOOD;
ETSY LAYNE, KY 41605	••*:***-*	115847	6,552.	٥.			EDUCATIONAL NEEDS SUCH A
							PROVIDES BASIC AND HEALT
EVINS ELEMENTARY SCHOOL					<b>N</b>		RELATED NEEDS SUCH AS
.7275 E BIG CREEK RD							CLOTHING, SHOES, FOOD;
SIDNEY, KY 41564	••*:***-*	111845	6,847.	0.			EDUCATIONAL NEEDS SUCH A
· · ·			·				PROVIDES BASIC AND HEALT
OWMAN MIDDLE SCHOOL							RELATED NEEDS SUCH AS
10 S MITCHELL AVE.							CLOTHING, SHOES, FOOD;
AKERSVILLE, NC 28705	••*:***_*	d11005	5,310.	0.			EDUCATIONAL NEEDS SUCH A
,							PROVIDES BASIC AND HEALT
OYD COUNTY HIGH SCHOOL							RELATED NEEDS SUCH AS
4375 LIONS LANE							CLOTHING, SHOES, FOOD;
SHLAND, KY 41102	••*:***_*	dii Que di cale i cale	8,938.	0.			EDUCATIONAL NEEDS SUCH A
,		+ (					PROVIDES BASIC AND HEALT
REATHITT CO. JRSR. HIGH SCHOOL							RELATED NEEDS SUCH AS
307 BOBCAT LANE							CLOTHING, SHOES, FOOD;
ACKSON, KY 41339	••*:***-*	t t 5 6 0 4	20,889.	0.			EDUCATIONAL NEEDS SUCH A
							PROVIDES BASIC AND HEALT
ROAD ROCK ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
615 FERGUSON LANE							CLOTHING, SHOES, FOOD;
ICHMOND, VA 23234	••*:****	1190D9	5,625.	0.			EDUCATIONAL NEEDS SUCH A
,	· · ·		5,025.				PROVIDES BASIC AND HEALT
URRVILLE ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
01 DIVISION AVENUE, NE							CLOTHING, SHOES, FOOD;
ASHINGTON, DC 20019-5516	••*:***-*	**1607	5,120.	0.			EDUCATIONAL NEEDS SUCH A
		1007	5,120.	0.			PROVIDES BASIC AND HEALT.
CARR CREEK ELEM. SCHOOL							RELATED NEEDS SUCH AS
	.* ** **	****	15 020	0			CLOTHING, SHOES, FOOD;
8596 S HWY. 160 LIFT CARR, KY 41834	••*:***-*	111097	15,939.	0.			EDUCATIONAL NEED

Schedule I (Form 990)

	INCORPORA						**-***1510 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
CORDIA COMBINED							RELATED NEEDS SUCH AS
P.O BOX 869 / 1156 HINDMAN BYPASS							CLOTHING, SHOES, FOOD;
HINDMAN, KY 41822	••*:* <u></u> **-*	1110D7	5,844.	٥.			EDUCATIONAL NEEDS SUCH A
							PROVIDES BASIC AND HEALTH
CRUM PK-8 SCHOOL					0		RELATED NEEDS SUCH AS
50 CRUM ROAD							CLOTHING, SHOES, FOOD;
RUM, WV 25669	••*:* <u></u> **-*	501409(3)	12,786.	0.			EDUCATIONAL NEEDS SUCH A
							PROVIDES BASIC AND HEALTH
DENNEHOTSO BOARDING SCHOOL					<b>V</b>		RELATED NEEDS SUCH AS
P.O. BOX 2570							CLOTHING, SHOES, FOOD;
DENNEHOTSO, AZ 86535	••*:* <u></u> **-*	501849(3)	9,983.	0.			EDUCATIONAL NEEDS SUCH AS
· · · · · · · · · · · · · · · · · · ·							PROVIDES BASIC AND HEALTH
ZILTH COMMUNITY GRANT SCHOOL							RELATED NEEDS SUCH AS
35 ROAD 7585 #5003							CLOTHING, SHOES, FOOD;
BLOOMFIELD, NM 87413	••*:* <u></u> **-*	501849(3)	22,644.	0.			EDUCATIONAL NEEDS SUCH AS
·							PROVIDES BASIC AND HEALTH
EAST VALLEY ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
7585 HIGHWAY 172							CLOTHING, SHOES, FOOD;
WEST LIBERTY, KY 41472	••*:* <u>-</u> **-*	tt5411	11,296.	0.			EDUCATIONAL NEEDS SUCH AS
		+ (					PROVIDES BASIC AND HEALTH
EDEN ELEMENTARY							RELATED NEEDS SUCH AS
L79 EDEN LANE							CLOTHING, SHOES, FOOD;
INEZ, KY 41224	••*:* <u>-</u> **-*	115802	23,454.	0.			EDUCATIONAL NEEDS SUCH AS
,			,				PROVIDES BASIC AND HEALTH
FAIRVIEW INDEPENDENT SCHOOL							RELATED NEEDS SUCH AS
2127 MAIN STREET, WESTWOOD							CLOTHING, SHOES, FOOD;
ASHLAND, KY 41102	••*:***-*	5012000(3)	7,469.	0.			EDUCATIONAL NEEDS SUCH A
,							PROVIDES BASIC AND HEALT
ALLSBURG ELEMENTARY							RELATED NEEDS SUCH AS
5869 N HWY 3							CLOTHING, SHOES, FOOD;
LOUISA, KY 41230	••*:* <u>*</u> **_*	<b>11181</b> 5	6,679.	0.			EDUCATIONAL NEEDS SUCH AS
,		•					PROVIDES BASIC AND HEALT
FEDS CREEK ELEMENTARY							RELATED NEEDS SUCH AS
221 FEDS CREEK RD.							CLOTHING, SHOES, FOOD;
FEDS CREEK, KY 41524	••*:* <u>*</u> **-*	t t 5 8 4 5	7,287.	٥.			EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

			and Domostic Co	warmanta (Sab	adula I (Earm 000) Da		*-**1510 Page
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLADE CREEK ELEMENTARY SCHOOL 32 GLADE CREEK SCHOOL RD. ENNICE, NC 28623	••*:* <u></u> **-*	<b>1196</b> 28	8,778.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BREYHILLS ACADEMY HIGH SCHOOL 2.0. BOX 160 FUBA CITY, AZ 86045	••*:* <u></u> **-*	**4956	5,295.	0.	0		PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HANNAA DLI COMMUNITY SCHOOL 2.0. BOX 639 BLOOMFIELD, NM 87413	••*:* <u></u> **-*	<b>ጛኇቌዏ</b> ርጋ(3)	11,332.	6.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
HAZARD ELEMENTARY SCHOOL 225 SCHOOL STREET HAZARD, KY 41701	••*:* <u></u> **-*	ÍÍ5412	5,416.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
HERALD WHITAKER MIDDLE SCHOOL 315 HORNET DR. SALYERSVILLE, KY 41465	••*:* <u></u> **-*	119658	7,287.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
HERITAGE ELEMENTARY SCHOOL 1863 SOUTH STATE HWY 1 SRAYSON, KY 41143	••*:* <u></u> **-*	**1284	6,860.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
HIGHLAND TURNER ELEMENTARY SCHOOL 10355 HWY 30 WEST 300NEVILLE, KY 41314	••*:***-*	1130 <u>4</u>	7,350.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
HINDMAN ELEMENTARY SCHOOL, KY 875 W MAIN ST. HINDMAN, KY 41822	••*:* <u></u> **-*	TT1097	9,865.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
INEZ ELEMENTARY SCHOOL 5000 ELEMENTARY DR. INEZ, KY 41224	••*:* <u></u> **-*	11502	13,892.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A

Schedule I (Form 990)

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

CHILDREN, INCORPORATED

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
JACKSON CITY SCHOOL							RELATED NEEDS SUCH AS
940 HIGHLAND AVE							CLOTHING, SHOES, FOOD;
JACKSON, KY 41339	••*:**	t19095	8,573.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
ENKINS INDEPENDENT SCHOOL					0		RELATED NEEDS SUCH AS
P.O. BOX 668							CLOTHING, SHOES, FOOD;
VENKINS, KY 41537	••*:***-*	**1098	7,226.	٥.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
JOHN M. STUMBO ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
5945 KY. RT. 979							CLOTHING, SHOES, FOOD;
GRETHEL, KY 41631	••*:* <u></u> **-*	**1347	5,463.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
OHNS CREEK ELEMENTARY SCHOOL				$\mathbf{C}$			RELATED NEEDS SUCH AS
302 META HWY.							CLOTHING, SHOES, FOOD;
PIKEVILLE, KY 41501	••*:* <u>-</u> **-*	tt1845	11,977.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
JOHNSON CENTRAL HIGH SCHOOL							RELATED NEEDS SUCH AS
257 N. MAYO TRAIL							CLOTHING, SHOES, FOOD;
PAINTSVILLE, KY 41240	••*:* <u>*</u> **-*	11581B	7,983.	0.			EDUCATIONAL NEEDS SUCH AS
		• (	1				PROVIDES BASIC AND HEALTH
KAYENTA COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 188							CLOTHING, SHOES, FOOD;
KAYENTA, AZ 86033	••*:* <u>*</u> **-*	501849(3)	7,080.	٥.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
NOTT COUNTY CENTRAL HIGH SCHOOL							RELATED NEEDS SUCH AS
6 PATRIOT LANE							CLOTHING, SHOES, FOOD;
HINDMAN, KY 41822	••*:* <u>-</u> **-*	t1907	25,236.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
AKE VALLEY BOARDING SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 748							CLOTHING, SHOES, FOOD;
CROWNPOINT, NM 87313	••*:***-*	5017401B(3)	14,878.	0.			EDUCATIONAL NEEDS SUCH AS
			· · · ·				PROVIDES BASIC AND HEALTH
ANGSTON HUGHES ACADEMY							RELATED NEEDS SUCH AS
P.O. BOX 792800							CLOTHING, SHOES, FOOD;
NEW ORLEANS, LA 70179	••*:* <u>*</u> **-*	1150 <b>5</b> 4	7,604.	0.			EDUCATIONAL NEEDS SUCH AS

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

CHILDREN, INCORPORATED

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
LETCHER COUNTY CENTRAL HIGH SCHOOL							RELATED NEEDS SUCH AS
435 COUGAR DRIVE							CLOTHING, SHOES, FOOD;
WHITESBURG, KY 41858	••*:* <u></u> **-*	**1375	6,830.	٥.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
LETCHER ELEMENTARY-MIDDLE SCHOOL					0		RELATED NEEDS SUCH AS
160 LHS DRIVE							CLOTHING, SHOES, FOOD;
BLACKEY, KY 41804	••*:* <u></u> **-*	**1375	6,301.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
LEWIS CO. MIDDLE SCHOOL / HIGH					<b>V</b>		RELATED NEEDS SUCH AS
P.O. BOX 99							CLOTHING, SHOES, FOOD;
VANCEBURG, KY 41179	••*:* <u></u> **-*	111870	8,797.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
LIVE OAK ACADEMY							RELATED NEEDS SUCH AS
P.O. BOX 792800				<b>O</b> <sup>*</sup>			CLOTHING, SHOES, FOOD;
NEW ORLEANS, LA 70179	••*:* <u></u> **-*	1150BA	7,701.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
LOTTS CREEK COMMUNITY							RELATED NEEDS SUCH AS
325 SCHOOL STREET							CLOTHING, SHOES, FOOD;
HAZARD, KY 41701	••*:* <u></u> **-*	tt2965	22,100.	0.			EDUCATIONAL NEEDS SUCH AS
		+ (					PROVIDES BASIC AND HEALTH
MAGOFFIN CO. HIGH SCHOOL							RELATED NEEDS SUCH AS
1100 E MOUNTAIN PARKWAY			•				CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	••*:* <u></u> **-*	119658	20,295.	0.			EDUCATIONAL NEEDS SUCH AS
			,				PROVIDES BASIC AND HEALTH
MARIANO LAKE COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 787							CLOTHING, SHOES, FOOD;
CROWNPOINT, NM 87313	••*:* <u></u> **-*	50140B(3)	11,561.	0.			EDUCATIONAL NEEDS SUCH AS
,			, -				PROVIDES BASIC AND HEALTH
MARIE ROBERTS CANEY ELEMENTARY							RELATED NEEDS SUCH AS
115 REDSKIN RD							CLOTHING, SHOES, FOOD;
LOST CREEK, KY 41348	••*:* <u></u> **-*	1150D4	6,579.	٥.			EDUCATIONAL NEEDS SUCH AS
	-	<b>_</b> _	-,-,-,-				PROVIDES BASIC AND HEALTH
MARTHA JANE POTTER ELEMENTARY							RELATED NEEDS SUCH AS
SCHOOL - 55 KONA DR WHITESBURG,							CLOTHING, SHOES, FOOD;
KY 41858	••*:* <u></u> **-*	**5,875	13,751.	0.			EDUCATIONAL NEEDS SUCH AS

### Schedule I (Form 990) CHILDREN, INCORPORATED

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
MARTIN COUNTY HIGH SCHOOL							RELATED NEEDS SUCH AS
137 HOLLY BUSH RD							CLOTHING, SHOES, FOOD;
INEZ, KY 41224	••*:* <u></u> **-*	115,602	29,630.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MARTIN COUNTY MIDDLE SCHOOL					0.		RELATED NEEDS SUCH AS
130 MIDDLE SCHOOL DR.							CLOTHING, SHOES, FOOD;
WARFIELD, KY 41267	••*:* <u></u> **-*	115802	23,447.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MAY VALLEY ELEMENTARY SCHOOL				C	N.		RELATED NEEDS SUCH AS
481 STEPHENS BRANCH RD.							CLOTHING, SHOES, FOOD;
MARTIN, KY 41649	••*:***-*	1116147	5,152.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MENIFEE CENTRAL ELEMENTARY SCHOOL				$\mathbf{C}$			RELATED NEEDS SUCH AS
359 WYNN FLATT RD				$\mathbf{O}$			CLOTHING, SHOES, FOOD;
FRENCHBURG, KY 40322	••*:***-*	111079	5,070.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MENIFEE HIGH SCHOOL							RELATED NEEDS SUCH AS
119 INDIAN CREEK RD							CLOTHING, SHOES, FOOD;
FRENCHBURG, KY 40322	••*:* <u></u> **-*	tt5079	5,430.	0.			EDUCATIONAL NEEDS SUCH AS
		+	1				PROVIDES BASIC AND HEALTH
MILLARD ELEMENTARY							RELATED NEEDS SUCH AS
5724 EAST SHELBIANA HWY							CLOTHING, SHOES, FOOD;
PIKESVILLE, KY 41501	••*:***-*	119815	5,461.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MITCHELL HIGH SCHOOL							RELATED NEEDS SUCH AS
416 LEDGER SCHOOL RD.							CLOTHING, SHOES, FOOD;
BAKERSVILLE, NC 28705	••*:* <u>*</u> **-*	d11075	8,299.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MORGAN CENTRAL ELEMENTARY							RELATED NEEDS SUCH AS
3201 HWY 460 WEST							CLOTHING, SHOES, FOOD;
WEST LIBERTY, KY 41472	••*:* <u></u> **-*	115441	11,106.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
MORGAN COUNTY HIGH SCHOOL							RELATED NEEDS SUCH AS
150 ROAD TO SUCCESS							CLOTHING, SHOES, FOOD;
WEST LIBERTY, KY 41472	••*:* <u></u> **-*	115411	9,267.	0.			EDUCATIONAL NEEDS SUCH AS

#### Schedule I (Form 990)

CHILDREN, INCORPORATED

Schedule I (Form 990)         CHILDREN ,           Part II         Continuation of Grants and Other	Assistance to Do		and Domestic Go	vernments (Sche	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
MORGAN COUNTY MIDDLE SCHOOL							RELATED NEEDS SUCH AS
380 ROAD TO SUCCESS							CLOTHING, SHOES, FOOD;
WEST LIBERTY, KY 41472	••*:* <u></u> **-*	tt544)	12,559.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
NORTH MAGOFFIN ELEMENTARY SCHOOL					0		RELATED NEEDS SUCH AS
1991 HWY 460 W							CLOTHING, SHOES, FOOD;
SALYERSVILLE, KY 41465	••*:***-*	11166B	12,550.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
OJO ENCINO DAY SCHOOL					<b>V</b>		RELATED NEEDS SUCH AS
P.O. BOX 7							CLOTHING, SHOES, FOOD;
CUBA, NM 87013	••*:***-*	50140B(3)	6,517.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
OWINGSVILLE ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
50 CHENAULT DR.				<b>O</b> <sup>*</sup>			CLOTHING, SHOES, FOOD;
OWINGSVILLE, KY 40360	••*:***-*	115841	5,720.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
PAGE HIGH SCHOOL							RELATED NEEDS SUCH AS
500 S NAVAJO DR							CLOTHING, SHOES, FOOD;
PAGE, AZ 86040	••*:* <u></u> **-*	1126B2	6,936.	٥.			EDUCATIONAL NEEDS SUCH AS
·		+ (					PROVIDES BASIC AND HEALTH
PAGE MIDDLE SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 1927							CLOTHING, SHOES, FOOD;
PAGE, AZ 86040	••*:* <u>-</u> **-*	**2832	5,010.	٥.			EDUCATIONAL NEEDS SUCH AS
·			· ·				PROVIDES BASIC AND HEALTH
PHELPS HIGH SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 131							CLOTHING, SHOES, FOOD;
PHELPS, KY 41553	••*:* <u>-</u> **-*	111845	21,359.	0.			EDUCATIONAL NEEDS SUCH AS
•		•	,				PROVIDES BASIC AND HEALTH
PHYLLIS WHEATLEY COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
PO BOX 792800							CLOTHING, SHOES, FOOD;
NEW ORLEANS, LA 70179	••*:* <u></u> **-*	1150D¥	10,728.	0.			EDUCATIONAL NEEDS SUCH AS
			, .				PROVIDES BASIC AND HEALTH
PIKE COUNTY CENTRAL HIGH SCHOOL							RELATED NEEDS SUCH AS
100 WINNERS' CIRCLE							CLOTHING, SHOES, FOOD;
PIKEVILLE, KY 41501	••*:* <u>**</u> **-*	111645	9,127.	0.			EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990) CHILDREN Part II Continuation of Grants and Othe	, INCORPOR		and Domostic Co	wornmanta (Sch	odulo I (Eorm 000) Br		**-***1510 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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	••*:***_;	1127BB	12,350.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PUEBLO PINTADO BOARDING SCHOOL ICR 79 BOX 80 CUBA, NM 87013	••*:***-	<b>11541</b> 8	5,332.	0.	9		PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
RED ROCK DAY SCHOOL 2.0. DRAWER 2007 RED VALLEY, AZ 86544	••*:* <u></u> **- <sup>-</sup>	ጛዕ卫 <b>4ር</b> ይ(3)	11,605.	0.7			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
RIVER CITY MIDDLE SCHOOL 3300 HULL STREET RD. RICHMOND, VA 23224	••*:* <u>-</u> **- <sup>-</sup>	**9922	6,360.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
ROGERS ELEMENTARY SCHOOL 20 BOX 810 CAMPTON, KY 41301	••*:* <u></u> **- <sup>-</sup>	<b>1196</b> 22	5,818.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
ALYERSVILLE ELEMENTARY SCHOOL 04 HORNET DR. ALYERSVILLE, KY 41465	••*:***	±±1055	10,749.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
AMUEL J. GREEN CHARTER SCHOOL P.O. BOX 792800 IEW ORLEANS, LA 70179	••*:***-	t <sup>†</sup> 505#	9,346.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
EBASTIAN ELEMENTARY SCHOOL 44 LBJ RD. FACKSON, KY 41339	••*:***	, 11580¥	12,480.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
SHELBY VALLEY HIGH SCHOOL 125 DOUGLAS PARK PIKESVILLE, KY 41501	••*:* <u></u> **	11516B	6,115.	0.			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A

	, INCORPOR						**-***1510 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	I
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALTH
SHONTO PREPARATORY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 7900							CLOTHING, SHOES, FOOD;
SHONTO, AZ 86054	••*:* <u></u> **-	*115806	26,078.	٥.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
SPARTA ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
450 N MAIN ST.							CLOTHING, SHOES, FOOD;
SPARTA, NC 28675	••*:* <u></u> **-	* <b>119</b> 985	35,496.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
ST. MICHAELS SPECIAL ED SCHOOL					<b>N</b>		RELATED NEEDS SUCH AS
P.O. BOX 100							CLOTHING, SHOES, FOOD;
ST. MICHAEL'S, AZ 86511	••*:* <u></u> **-	*50118055(3)	10,767.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
SUCCESS PREPARATORY ACADEMY				$\mathbf{C}$			RELATED NEEDS SUCH AS
P.O. BOX 792800				$\mathbf{O}^{*}$			CLOTHING, SHOES, FOOD;
NEW ORLEANS, LA 70179	••*:* <u></u> **-	***7054	18,378.	0.			EDUCATIONAL NEEDS SUCH AS
· · · · · · · · · · · · · · · · · · ·							PROVIDES BASIC AND HEALTH
F.C. BOUSHALL MIDDLE SCHOOL							RELATED NEEDS SUCH AS
3400 HOPKINS RD							CLOTHING, SHOES, FOOD;
RICHMOND, VA 23234	••*:* <u>**</u> **-	***9909	5,040.	0.			EDUCATIONAL NEEDS SUCH AS
·		• (					PROVIDES BASIC AND HEALTH
FOHAALI' COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 9857							CLOTHING, SHOES, FOOD;
NEWCOMB, NM 87455	••*:* <u>**</u> **-	* * * 5 41 8	6,268.	0.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
TO'HAJIILEE COMMUNITY SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 3438							CLOTHING, SHOES, FOOD;
FO'HAJIILEE, NM 87026	••*:***_	\$\$\$740B(3)	9,353.	0.			EDUCATIONAL NEEDS SUCH AS
·							PROVIDES BASIC AND HEALTH
CONALEA SCHOOL							RELATED NEEDS SUCH AS
HWY 160, RT 21							CLOTHING, SHOES, FOOD;
FONALEA, AZ 86044-0039	••*:* <u>*</u> **-	* 1 1 5 6 4 9	6,557.	٥.			EDUCATIONAL NEEDS SUCH AS
							PROVIDES BASIC AND HEALTH
TUBA CITY BOARDING SCHOOL							RELATED NEEDS SUCH AS
P.O. BOX 187							CLOTHING, SHOES, FOOD;
TUBA CITY, AZ 86045	••*:* <u>*</u> **-	*501741B(3)	7,424.	0.			EDUCATIONAL NEEDS SUCH AS

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

CHILDREN, INCORPORATED

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES BASIC AND HEALT
ALLE CRUCIS ELEMENTARY SCHOOL							RELATED NEEDS SUCH AS
998 BROADSTONE RD.		***					CLOTHING, SHOES, FOOD;
UGAR GROVE, NC 28679	••*:* <u></u> **-*	119618	8,496.	0.			EDUCATIONAL NEEDS SUCH A
							PROVIDES BASIC AND HEALT
VALLEY ELEMENTARY SCHOOL					0.		RELATED NEEDS SUCH AS
63 DOUGLAS PARKWAY		*** 045			SO		CLOTHING, SHOES, FOOD;
PIKEVILLE, KY 41501	••*:* <u>-</u> **-*	111040	7,562.	0.			EDUCATIONAL NEEDS SUCH A
ADETELD ELEMENTADY COUCOL				_			PROVIDES BASIC AND HEALT RELATED NEEDS SUCH AS
WARFIELD ELEMENTARY SCHOOL				C			
33 ELEMENTARY LOOP	••*:* <u></u> **-*	** # 210	10 165				CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH A
WARFIELD, KY 41267		113005	18,165.				PROVIDES BASIC AND HEALT
							RELATED NEEDS SUCH AS
NOLFE CO. MIDDLE/HIGH SCHOOL P.O. BOX 790							
		***	15 100				CLOTHING, SHOES, FOOD;
CAMPTON, KY 41301	••*:* <u></u> **-*	11549	16,422.	0.			EDUCATIONAL NEEDS SUCH A
		•					

CHILDREN, INCORPORATED

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
				.0		
			S			
		+ C				
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.		
PART I, LINE 2:		0				
EACH PROJECT IS REQUIRED TO KEEP A	CCURATE R	ECORDS AS	TO HOW FUN	DS ARE SPENT		
AT THE PROJECT LEVEL. US PROJECTS	ARE REOU	IIRED TO SI	JBMIT FINAN	CIAL		
REPORTS, ALONG WITH RECEIPTS SHOWI	NG DISBUR	SEMENTS, C	ON A QUARTE	RLY BASIS.		
PART II, LINE 1, COLUMN (H):						
NAME OF ORGANIZATION OR GOVERNMENT	: ALLEGHA	NY HIGH SC	CHOOL			
(H) PURPOSE OF GRANT OR ASSISTANCE	: PROVIDE	S BASIC AN	ND HEALTH R	ELATED		
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS						

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: ARTHUR ASHE CHARTER SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BATH COUNTY HIGH SCHOOL

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

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

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

NAME OF ORGANIZATION OR GOVERNMENT: BEAVER CREEK ELEMENTARY SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY HIGH SCHOOOL, KY

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY MIDDLE SCHOOL

Schedule I (Form 990)

Schedule I (Form 990) CHILDREN, INCORPORATED	**-**1510 Page 2
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEAL	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: BETSY LAYNE HIGH SCHOOL	
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALT	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	
.0,	
NAME OF ORGANIZATION OR GOVERNMENT: BEVINS ELEMENTARY SCHOOL	<u>.</u>
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALT	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: BOWMAN MIDDLE SCHOOL	
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALT	TH 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 HEALT	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: BREATHITT CO. JRSR. HI	IGH SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALT	TH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BROAD ROCK 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: BURRVILLE 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: CARR CREEK ELEM. SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: CORDIA COMBINED
(H) PURPOSE OF GRANT OR 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

51

Schedule I (Form 990)

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: 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

Schedule I (Form 990)

Schedule	e I (Fo			DREN, INCORP	ORATE	D		**-***1510	Page 2
Part IV	/ s	Supplemental Inform	nation						
NAME	OF	ORGANIZATION	IOR	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: 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: GREYHILLS ACADEMY 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: HANNAA DLI COMMUNITY SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: 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

53

Schedule I (Form 990)

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: HERITAGE 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: 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 COVERNMENT: INEZ 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: 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: JENKINS INDEPENDENT SCHOOL

Schedule I (Form 990)

Schedule I (Form 990) CHILDREN, INCORPORATED Part IV Supplemental Information	**-**1510 Page 2
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HE	ALTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUC	CH AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: JOHN M. STUMBO ELEMEN	TARY SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HE	ALTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUC	CH AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: JOHNS CREEK ELEMENTARY	Y SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HE	ALTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUC	CH AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: JOHNSON CENTRAL HIGH	SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HE	ALTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUC	CH AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: KAYENTA COMMUNITY SCH	OOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HE	ALTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUC	CH AS MATERIALS
AND SUPPLIES	

NAME OF ORGANIZATION OR GOVERNMENT: KNOTT COUNTY CENTRAL HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: LAKE VALLEY BOARDING SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: LANGSTON HUGHES 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: LETCHER COUNTY CENTRAL HIGH SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: LETCHER ELEMENTARY-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: 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

56

Schedule I (Form 990)

Part IV Supplemental Information

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

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

57

AND SUPPLIES

Schedule I (Form 990)

Schedule I (Form 990) CHILDREN, INCORPORATED	**-***1510 Page 2
Part IV Supplemental Information	
NAME OF ORGANIZATION OR GOVERNMENT: MARTIN COUNTY HIGH SCHOO	Ľ
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALT	H RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH	AS MATERIALS
AND SUPPLIES	

NAME OF ORGANIZATION OR GOVERNMENT: MARTIN COUNTY MIDDLE SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: MAY 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: MENIFEE CENTRAL 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: 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

58

Schedule I (Form 990)

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

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: NORTH MAGOFFIN 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: OJO ENCINO DAY SCHOOL

Schedule I (Form 990)

Schedule I (Form 990) CHILDREN, INCORPORATED	**-**1510 Page 2
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 ELEMENT	TARY 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	
	2.
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: PAGE MIDDLE SCHOOL	
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND	HEALTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS	SUCH AS MATERIALS
AND SUPPLIES	
NAME OF ORGANIZATION OR GOVERNMENT: 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 CO	OMMUNITY 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: PIKE COUNTY CENTRAL HIGH SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: PINEY CREEK ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: PUEBLO PINTADO BOARDING SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: RED ROCK DAY SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: RIVER CITY 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: ROGERS ELEMENTARY SCHOOL

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

Schedule I (Form 990)

Part IV Supplemental Information

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SALYERSVILLE ELEMENTARY SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SAMUEL J. GREEN CHARTER SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: SEBASTIAN 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: 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 PREPARATORY SCHOOL

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

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

AND SUPPLIES

Schedule I (Form 990)

Schedule I (Form 990) CHILDREN, INCORPORATED **-**1510 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: SPARTA 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 SUPPLIESPROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING,
SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES
NAME OF ORGANIZATION OR GOVERNMENT: ST. MICHAELS SPECIAL ED SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS
AND SUPPLIES
NAME OF ORGANIZATION OR GOVERNMENT: SUCCESS PREPARATORY ACADEMY
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES BASIC AND HEALTH RELATED
NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS
AND SUPPLIESPROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING,
SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES
NAME OF ORGANIZATION OR GOVERNMENT: T.C. 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: 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

Schedule I (Form 990)

Part IV Supplemental Information

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: TONALEA SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: TUBA CITY BOARDING SCHOOL

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

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

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: VALLE CRUCIS ELEMENTARY SCHOOL

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

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

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

$\mathbf{C}$
Schedule I (Form 990)

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

2021
Open to Public Inspection

Employer identification number

<ul> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>		CHILDREN, IN	CORPOR	ATED		**_*	**15	10	
Check if Art Works of art Art Works of art Art Works of art Art Works of art Art Historical trassures Art Fractional interests Books and publications Clock and	Par					•			
2       Art - Historical treasures         3       Art - Fractional interests         3       Art - Fractional interests         4       Books and publications         5       Clothing and household goods         6       Cars and other vehicles         7       Boats and planes         8       Intellectual property         9       Securities - Dublicly traded         X       37,075         9       Securities - Dublicly traded         X       37,075         9       Securities - Dublicly traded         X       37,075         9       Food conservation contribution - Interests         10       Securities - Contropical antifacts         11       Collectibles         12       Securities - Commercial         13       Real estate - Commercial         14       Collectibles         19       Food invertory         10       Collectibles         19       Food invertory         11       Scientific specimens         21       Taxidermy         21       Historical antfacts         22       Historical antfacts         23       Coller I <			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		0	\$
2       Art - Historical treasures         3       Art - Fractional interests         3       Art - Fractional interests         4       Books and publications         5       Clothing and household goods         6       Cars and other vehicles         7       Boats and planes         8       Intellectual property         9       Securities - Dublicly traded         X       37,075         9       Securities - Dublicly traded         X       37,075         9       Securities - Dublicly traded         X       37,075         9       Food conservation contribution - Interests         10       Securities - Contropical antifacts         11       Collectibles         12       Securities - Commercial         13       Real estate - Commercial         14       Collectibles         19       Food invertory         10       Collectibles         19       Food invertory         11       Scientific specimens         21       Taxidermy         21       Historical antfacts         22       Historical antfacts         23       Coller I <	1	Art - Works of art							
3       At - Fractional interests         4       Books and publications         5       Clothing and household goods         6       Cars and oncurrent of the second secon	2								
4       Books and publications	3								
5 Clothing and household goods   6 Cars and other vehicles   7 Boats and planes   8 Intellectual property   9 Securities - Publicly traded   10 Securities - Publicly traded   11 Securities - Publicly traded   12 Securities - Partnership, LLC, or trust interests   13 Cualified conservation contribution - Itistori is structures   14 Qualified conservation contribution - Other   15 Real estate - Comercial   16 Real estate - Conter   17 Real estate - Conter   18 Collectibles   19 Food inventory   10 Drugs and medical supplies   11 Taxidemy   12 Scientific specimena   12 Archeological artifacts   12 Scientific specimena   12 Collectibles   13 Cualified conservation contribution and plane   14 Cualified conservation   15 Real estate - Coher   16 Collectibles   17 Real estate - Coher   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidemy   22 Historical artifacts   23 Scientific specimena   24 Archeological artifacts   25 Other \rightarrow (   20 During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, P	4								
6       Cars and other vehicles         7       Boats and planes         8       Intellectual property         9       Securities - Publicly traded         10       Securities - Publicly traded         11       Securities - Publicly traded         12       Securities - Publicly traded         13       Securities - Publicly traded         14       Securities - Nathership, LLC, or trust interests         12       Securities - Miscellaneous         13       Qualified conservation contribution - Other         14       Qualified conservation contribution - Other         15       Real estate - Residential         16       Real estate - Commercial         17       Real estate - Commercial         18       Collectibles         19       Food inventory         20       Drugs and medical supplies         21       Taxidermy         21       Taxidermy         22       Scientific specimens         23       Scientific specimens         24       Archeological artifacts         25       Other I< (	5								
7       Boats and planes       x       37,075       37,075       77,075       PAIR MARKET VALUE         9       Securities - Closely held stock       x       37,075       37,075       PAIR MARKET VALUE         10       Securities - Closely held stock       x       37,075       37,075       PAIR MARKET VALUE         11       Securities - Closely held stock       x       37,075       37,075       PAIR MARKET VALUE         12       Securities - Miscilaneous       x       x       x       x       x         13       Qualified conservation contribution - Other,       x       x       x       x       x         14       Qualified conservation contribution - Other,       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x	6								
8       Intellectual property         9       Securities - Publicly traded       X         37,075       737,075         9       Securities - Closely held stock         11       Securities - Closely held stock         12       Securities - Markmership, LLC, or trust interests         13       Coulified conservation contribution - Historic structures         14       Qualified conservation contribution - Other         15       Real estate - Residential         16       Real estate - Commercial         17       Real estate - Other         18       Collectibles         19       Food inventory         10       Drugs and medical supplies         11       Taxidermy         12       Historic structures         13       Guiner Infacts         14       Other Infacts         15       Real estate - Other         16       Collectibles         17       Taxidermy         18       Scientific specimens         14       Archeological artifacts         25       Other ► (         20       Other ► (         21       Taxidermy         23       Number of Forms 8283 received by the organizatio	7								
9       Securities - Publicly traded       X       37,075       37,075       PATR MARKET VALUE         10       Securities - Closely held stock       Image: Closely held stock       Image: Closely held stock       Image: Closely held stock         11       Securities - Partnership, LLC, or trust interests       Image: Closely held stock       Image: Closely held stock       Image: Closely held stock         12       Securities - Miscellaneous       Image: Closely held stock       Image: Closely held stock       Image: Closely held stock         13       Qualified conservation contribution - Other       Image: Closellaneous       Image: Closel	8								
10       Securities - Closely held stock	9		X	37,075	37,075.	FAIR MARKET	VAL	JΕ	
11 Securities - Partnership, LLC, or trust interests   2 Securities - Miscellaneous   3 Qualified conservation contribution - Historic structures   4 Qualified conservation contribution - Other Historic structures   13 Qualified conservation contribution - Other Historic structures   14 Qualified conservation contribution - Other Historic structures   15 Real estate - Residential   16 Real estate - Other   17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxiderny   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (   20 During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Yes   30a Ja   30a Ja   30a Ja   31 Ja   32 Does the organization completed Form 8283, Part V, Donee Acknowledgement must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 Ja   32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   33<	10								
trust interests									
12 Securities · Miscellaneous   13 Qualified conservation contribution ·   Historic structures									
13 Qualified conservation contribution -   Historic structures   14 Qualified conservation contribution - Other   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Commercial   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   21 Taxidermy   22 Historical atrifacts   23 Scientific specimens   24 Archeological atrifacts   25 Other   26 Other   27 Other   28 Other   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   29 Juming the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   21 Jata 20   22 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   23 Does the organizat	12	• ··· · ·							
14 Qualified conservation contribution · Other   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other   26 Other   27 Other   28 Other   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Ves     30a   30a   b   b If "Yes," describe the arrangement in Part II.   31   31   31   31   31   31   31   31   31   31   31   31   31   32   Des the organization in column (c) for a type of property for which column (a) is checked, describe in Part II.	13								
14 Qualified conservation contribution - Other   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Commercial   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (   26 Other ▶ (   27 Other ▶ (   28 Other ▶ (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   b If "Yes," describe the arrangement in Part II.   31 31   32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 31   32a If "Yes," describe in Part II.   331 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   34 If 'Yes," describe in Part II.   35 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   34 If 'Yes," describe in Part II.   35 If the organization have a gift acceptance policy for which column (a) is checked, descri		Historic structures			$\langle \rangle$				
15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Commercial   17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (   26 Other ▶ (   27 Other ▶ (   28 Other ▶ (   29 Version   30a During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Solar   30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a Juring the year, did the organization neceive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   31 Jac   32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 Jac   32 Does the	14								
16 Real estate · Commercial   17 Real estate · Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (   26 Other ▶ (   27 Other ▶ (   28 Other ▶ (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   b If "Yes," describe the arrangement in Part II.   31 32a   32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 32a   32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   32a Des the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.									
17 Real estate · Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ► (   26 Other ► (   27 Other ► (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by one organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a b   b If "Yes," describe the arrangement in Part II.   31 32a   32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 32a   32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   32a Does the organization have a gift acceptance policy that requires the service of any nonstandard contributions?   33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.									
18       Collectibles									
19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (   26 Other ▶ (   27 Other ▶ (   28 Other ▶ (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   b If "Yes," describe the arrangement in Part II.   31 32a   32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?   31 32a   32a b   b If "Yes," describe in Part II.   31 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.									
20       Drugs and medical supplies									
21       Taxidermy									
22       Historical artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other ▶ (         26       Other ▶ (         27       Other ▶ (         28       Other ▶ (         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a         b       If "Yes," describe the arrangement in Part II.       31         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       32a         b       If "Yes," describe in Part II.       32a         b       If "Yes," describe in Part II.       32a         contributions?       32a       32a									
23       Scientific specimens         24       Archeological artifacts         25       Other ▶ (         26       Other ▶ (         27       Other ▶ (         28       Other ▶ (         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a         b       If "Yes," describe the arrangement in Part II.       30a         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization in Part II.       32a         b       If "Yes," describe in Part II.       32a         b       If "Yes," describe in Part II.       32a         b       If "Yes," describe in Part II.       32a         b       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       32a		,		)					
24       Archeological artifacts         25       Other ► (         26       Other ► (         27       Other ► (         28       Other ► (         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a         b       If "Yes," describe the arrangement in Part II.       31         31       32a       32a         b       If "Yes," describe in Part II.       32a         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       32a									
25       Other <ul> <li>Qther</li> <li>Q</li></ul>									
26       Other ▶ (									
27       Other ▶ ()									
28       Other ▶ ()									
<ul> <li>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</li> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>									
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?			zation during	the tax year for co	ontributions				
<ul> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	20								
<ul> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>			oo, . a , _	ence / termence g			Y	'es	No
<ul> <li>must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throug	n 28. that it	-		
exempt purposes for the entire holding period?       30a         b       If "Yes," describe the arrangement in Part II.         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?         32a       If "Yes," describe in Part II.         33a       If "Yes," describe in Part II.         33a       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				• • • • •					
b       If "Yes," describe the arrangement in Part II.       31         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a         b       If "Yes," describe in Part II.       32a         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4							30a		Х
<ul> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>32a b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	h		• • • • • • • • • • • • • • • • • • • •				oou		
<ul> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>			oolicy that re	auires the review a	of any nonstandard contributi	ons?	31		х
contributions?       32a         b       If "Yes," describe in Part II.         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			•	•	•				
<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	JLa			•			322		х
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	h						JZa		
describe in Part II.			olumn (c) fo	r a type of property	for which column (a) is choo	ked			
	50			a type of property					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2	LHA		the Instruct	tions for Form 990	).	Schedule M	(Form	990)	2021

Schedule N	1 (Form 990) 2021	CHILDREN,	INCORPORATED	**-***151(	) Page <b>2</b>
Part II	Supplemental	Information. F	Provide the information required by Par	t I, lines 30b, 32b, and 33, and whether the orga f items received, or a combination of both. Also o	anization
	this part for any ac	dditional information	namber of contributions, the number of n.	terns received, or a complitation of both. Also (	Jourhlere
				0	
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
				<u>O</u> <sup>-</sup>	
			C		
				<u> </u>	
			<b>Y</b>		
		V			
	~			Oskadula M.C.	orm 000\ 000
32142 11-17-3	21			Schedule M (F	orm 990) 202
			6.7		

Schedule M (Form 990) 2021 CHILDREN, INCORPORATED

\*\*-\*\*\*1510

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	EZ	OMB No. 1545-0047
Name of the organization	CHILDREN, INCORPORATED		identification number **1510
FORM 990, PA	RT VI, SECTION B, LINE 11B:		
THE FORM 990	WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THAT	AT AUD	ITED THE
FINANCIAL ST	ATEMENTS. IT WAS REVIEWED BY THE PRESIDENT AND	CHIEF	EXECUTIVE
OFFICER OF C	HILDREN, INCORPORATED, AND THE BOARD OFFICERS.		
FORM 990, PA	RT VI, SECTION B, LINE 12C:		
CHILDREN, IN	CORPORATED REGULARLY AND CONSISTENTLY MONITORS	AND E	NFORCES
COMPLIANCE W	ITH THE CONFLICT OF INTEREST POLICY. THE BOARD	IS SM	ALL, AND
MONITORING C	ONSISTS OF REGULAR DISCUSSIONS AND REVIEW OF TH	RANSAC	TIONS BY
THE BOARD CH	AIR.		
FORM 990, PA	RT VI, SECTION B, LINE 15A:		
THE BOARD CH	AIR AND VICE CHAIR EVALUATE THE PERFORMANCE OF	THE P	RESIDENT
AND CHIEF EX	ECUTIVE OFFICER ANNUALLY. HIS COMPENSATION IS I	BASED	ON AN
EVALUATION O	F FACTS AND CIRCUMSTANCES.		
FORM 990, PA	RT VI, LINE 17, LIST OF STATES RECEIVING COPY (	OF FOR	м 990:
VA, AK, AL, AZ,	CA, CT, FL, IL, MA, MD, ME, MI, MN, NC, ND, NH, NJ, NY, OH, OH	K,OR,P	A,RI,SC,TX
UT,WA,WI,WV			
FORM 990, PA	RT VI, SECTION C, LINE 19:		
CHILDREN, IN	CORPORATED MAKES ITS GOVERNING DOCUMENTS, CONFI	LICT O	F INTEREST
POLICY, AND	FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. I	r also	MAKES ITS
FINANCIAL ST	ATEMENTS AND FORM 990 AVAILABLE AT		
WWW.CHILDREN	INCORPORATED.ORG.		
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021

132211 11-11-21

CHILDREN, INCORPORATED

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

### CHANGE IN VALUE OF BENEFICIAL INTS IN CHARITABLE REMAINDER

#### ANNUITY TRUSTS

-304,945.

FORM 990, PART XII, LINE 2C:

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

#### TAX YEAR.

· ( )

Schedule O (Form 990) 2021

132212 11-11-21