

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN, INCORPORATED</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>11513 ALLECINGIE PARKWAY</b> City or town, state or province, country, and ZIP or foreign postal code <b>NORTH CHESTERFIELD, VA 23235</b>	<b>D</b> Employer identification number <b>** - ***1510</b>  <b>E</b> Telephone number <b>804-359-4562</b>
<b>F</b> Name and address of principal officer: <b>RONALD H. CARTER</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>4,528,542.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CHILDRENINCORPORATED.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ARRANGE AND PROVIDE FUNDING TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED CHILDREN.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	9
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	16
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	155
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year <b>5,025,670.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>0.</b>	<b>0.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>345,168.</b>	<b>121,343.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>0.</b>	<b>0.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>5,370,838.</b>	<b>4,134,616.</b>
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>2,855,032.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>988,081.</b>	<b>922,644.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>257,570.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>472,710.</b>	<b>489,770.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>4,315,823.</b>	<b>3,953,188.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>1,055,015.</b>	<b>181,428.</b>
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year <b>8,947,369.</b>	End of Year <b>8,156,259.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>319,917.</b>	<b>269,530.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>8,627,452.</b>	<b>7,886,729.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>RONALD H. CARTER, PRESIDENT AND CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER R. FILES, CPA</b>	Preparer's signature <b>JENNIFER R. FILES, C</b>
	Date <b>11/15/22</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01275752</b>
	Firm's name ▶ <b>YOUNT, HYDE &amp; BARBOUR, P.C.</b> Firm's address ▶ <b>P.O. BOX 2560 WINCHESTER, VA 22604-1760</b>	Firm's EIN ▶ <b>** - ***9263</b> Phone no. <b>540-662-3417</b>

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

Part 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 TO MEET THE BASIC AND EDUCATIONAL NEEDS OF IMPOVERISHED CHILDREN.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 3,468,295. including grants of \$ 2,540,774. ) (Revenue \$ ) ARRANGING AND PROVIDING FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF APPROXIMATELY 20,000 IMPOVERISHED CHILDREN IN 300 LOCATIONS, HALF IN THE UNITED STATES AND HALF IN OTHER COUNTRIES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,468,295.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA, AK, AL, AZ, CA, CT, FL, IL, MA, MD, ME, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [ ] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION - 804-359-4562 11513 ALLECINGIE PARKWAY, NORTH CHESTERFIELD, VA 23235

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

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

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							99,470.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							99,470.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 4,013,273.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 37,075.					
	<b>h Total.</b> Add lines 1a-1f .....		4,013,273.				
Program Service Revenue	<b>2 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		43,933.			43,933.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	471,336.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	393,926.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	77,410.					
<b>d</b> Net gain or (loss) .....		77,410.			77,410.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			4,134,616.	0.	0.	121,343.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,067,399.	1,067,399.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,473,375.	1,473,375.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	98,580.	29,574.	34,503.	34,503.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	687,637.	549,785.	91,841.	46,011.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	79,064.	58,262.	12,705.	8,097.
10 Payroll taxes .....	57,363.	42,271.	9,218.	5,874.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	35,457.	26,593.	7,091.	1,773.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	24,340.		24,340.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	28,545.	21,409.	5,709.	1,427.
12 Advertising and promotion .....	149,217.			149,217.
13 Office expenses .....	35,371.	26,528.	7,074.	1,769.
14 Information technology .....	24,866.	18,650.	4,973.	1,243.
15 Royalties .....				
16 Occupancy .....	15,095.	11,321.	3,019.	755.
17 Travel .....	7,471.	6,350.	747.	374.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	63,523.	47,642.	12,705.	3,176.
23 Insurance .....	16,788.	12,591.	3,358.	839.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>BANK AND CREDIT CARD FE</b>	40,182.	39,860.	258.	64.
b <b>OTHER EXPENSES</b>	33,209.	24,905.	6,641.	1,663.
c <b>REPAIRS AND MAINTENANCE</b>	15,706.	11,780.	3,141.	785.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,953,188.	3,468,295.	227,323.	257,570.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,489,004.	<b>1</b>	2,781,467.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	182,512.	<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,668.	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,375,195.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 932,895.	504,988.	<b>10c</b> 442,300.
	<b>11</b> Investments - publicly traded securities .....	4,258,996.	<b>11</b>	3,727,236.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,510,201.	<b>15</b>	1,205,256.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,947,369.	<b>16</b>	8,156,259.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	319,917.	<b>17</b>	269,530.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	319,917.	<b>26</b>	269,530.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,786,029.	<b>27</b>	4,520,271.
	<b>28</b> Net assets with donor restrictions .....	2,841,423.	<b>28</b>	3,366,458.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	8,627,452.	<b>32</b>	7,886,729.
	<b>33</b> Total liabilities and net assets/fund balances .....	8,947,369.	<b>33</b>	8,156,259.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,134,616.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,953,188.
3	Revenue less expenses. Subtract line 2 from line 1	3	181,428.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,627,452.
5	Net unrealized gains (losses) on investments	5	-617,206.
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	-304,945.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,886,729.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>CHILDREN, INCORPORATED</b>	Employer identification number <b>**-***1510</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3618768.	3598114.	3680007.	5025670.	4013273.	19935832.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3618768.	3598114.	3680007.	5025670.	4013273.	19935832.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						19935832.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	3618768.	3598114.	3680007.	5025670.	4013273.	19935832.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	32,963.	53,283.	96,876.	70,535.	43,933.	297,590.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						20233422.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.53	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	98.40	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **CHILDREN, INCORPORATED** Employer identification number **\*\* - \*\*\* 1510**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	1,375,195.		932,895.	442,300.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 442,300.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN CHARITABLE REMAINDER ANNUITY	
(2) TRUSTS	1,205,256.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,205,256.

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,188,125.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-617,206.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-304,945.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		-922,151.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,110,276.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	24,340.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		24,340.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	4,134,616.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,928,848.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,928,848.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	24,340.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		24,340.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,953,188.

**Part XIII Supplemental Information.**

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTS IN CHARITABLE REMAINDER

ANNUITY TRUSTS -304,945.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CHILDREN, INCORPORATED

Employer identification number

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	26,933.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	486,831.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	209,258.
SUBSAHARA AFRICA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	226,571.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	373,726.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	97,549.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROVIDE FUNDING FOR SUPPLIES AND SERVICES TO MEET THE BASIC AND EDUCATIONAL NEEDS OF	52,507.
<b>3 a</b> Subtotal .....	0	0			1,473,375.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,473,375.

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

Schedule F (Form 990) 2021

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ARGENTINA	CHILD SPONSORSHIP	14,183.	WIRE TRANSFER	0.		
		BOLIVIA	CHILD SPONSORSHIP	292,536.	WIRE TRANSFER	0.		
		BRAZIL	CHILD SPONSORSHIP	55,092.	WIRE TRANSFER	0.		
		CHILE	CHILD SPONSORSHIP	36,808.	WIRE TRANSFER	0.		
		COLOMBIA	CHILD SPONSORSHIP	27,250.	WIRE TRANSFER	0.		
		COSTA RICA	CHILD SPONSORSHIP	55,543.	WIRE TRANSFER	0.		
		EL SALVADOR	CHILD SPONSORSHIP	54,760.	WIRE TRANSFER	0.		
		ETHIOPIA	CHILD SPONSORSHIP	24,473.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> 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	190,099.	WIRE TRANSFER	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.		
		NICARAGUA	CHILD SPONSORSHIP	37,562.	WIRE TRANSFER	0.		
		PARAGUAY	CHILD SPONSORSHIP	17,855.	WIRE TRANSFER	0.		
		PERU	CHILD SPONSORSHIP	43,108.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		PHILIPPINES	CHILD SPONSORSHIP	53,178.	WIRE TRANSFER	0.		
		SOUTH KOREA	CHILD SPONSORSHIP	44,370.	WIRE TRANSFER	0.		
		SRI LANKA	CHILD SPONSORSHIP	19,159.	WIRE TRANSFER	0.		
		LIBERIA		18,700.		0.		



Part IV Foreign Forms

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

**Part V Supplemental Information**

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

**PART I, LINE 3:**

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

**PART I, LINE 3, COLUMN (E):**

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

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

REGION: SOUTH AMERICA

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

REGION: SOUTH ASIA

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

REGION: SUBSAHARA AFRICA

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

**Part V Supplemental Information**

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

REGION: EAST ASIA AND THE PACIFIC

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

REGION: MIDDLE EAST AND NORTH AFRICA

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **CHILDREN, INCORPORATED** Employer identification number **\*\* - \*\*\* 1510**

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLEGHANY HIGH SCHOOL 404 TROJAN AVE. SPARTA, NC 28675	●●*: *—** - *119085		26,500.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
ARTHUR ASHE CHARTER SCHOOL P. O. BOX 792800 NEW ORLEANS, LA 70179	●●*: *—** - **7054		9,923.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BATH COUNTY HIGH SCHOOL 645 CHENAULT DRIVE OWINGSVILLE, KY 40360	●●*: *—** - *111011		11,913.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BATH COUNTY MIDDLE SCHOOL 335 W. MAIN ST. OWINGSVILLE, KY 40360	●●*: *—** - *111011		12,963.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BEAVER CREEK ELEMENTARY SCHOOL 8000 HWY. 7 SOUTH TOPMOST, KY 41862	●●*: *—** - *111097		10,577.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BELFRY HIGH SCHOOL, KY P.O. BOX 160 BELFRY, KY 41514	●●*: *—** - *111015		15,089.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **79.**

3 Enter total number of other organizations listed in the line 1 table ▶ **12.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELFRY MIDDLE SCHOOL P.O. BOX 850 BELFRY, KY 41514	●●*: *—** - *111015		6,208.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BETSY LAYNE HIGH SCHOOL P.O BOX 437 BETSY LAYNE, KY 41605	●●*: *—** - *111017		6,552.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BEVINS ELEMENTARY SCHOOL 17275 E BIG CREEK RD SIDNEY, KY 41564	●●*: *—** - *111015		6,847.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BOWMAN MIDDLE SCHOOL 410 S MITCHELL AVE. BAKERSVILLE, NC 28705	●●*: *—** - *111015		5,310.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BOYD COUNTY HIGH SCHOOL 14375 LIONS LANE ASHLAND, KY 41102	●●*: *—** - *111050		8,938.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BREATHITT CO. JR.-SR. HIGH SCHOOL 2307 BOBCAT LANE JACKSON, KY 41339	●●*: *—** - *111014		20,889.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BROAD ROCK ELEMENTARY SCHOOL 4615 FERGUSON LANE RICHMOND, VA 23234	●●*: *—** - *119009		5,625.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
BURRVILLE ELEMENTARY SCHOOL 801 DIVISION AVENUE, NE WASHINGTON, DC 20019-5516	●●*: *—** - **1607		5,120.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
CARR CREEK ELEM. SCHOOL 8596 S HWY. 160 LIFT CARR, KY 41834	●●*: *—** - *111017		15,939.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORDIA COMBINED P.O BOX 869 / 1156 HINDMAN BYPASS HINDMAN, KY 41822	●●*: *—** - *111027		5,844.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
CRUM PK-8 SCHOOL 150 CRUM ROAD CRUM, WV 25669	●●*: *—** - *501040(3)		12,786.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
DENNEHOTSO BOARDING SCHOOL P.O. BOX 2570 DENNEHOTSO, AZ 86535	●●*: *—** - *501040(3)		9,983.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
DZILTH COMMUNITY GRANT SCHOOL 35 ROAD 7585 #5003 BLOOMFIELD, NM 87413	●●*: *—** - *501040(3)		22,644.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
EAST VALLEY ELEMENTARY SCHOOL 7585 HIGHWAY 172 WEST LIBERTY, KY 41472	●●*: *—** - *111411		11,296.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
EDEN ELEMENTARY 179 EDEN LANE INEZ, KY 41224	●●*: *—** - *111022		23,454.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
FAIRVIEW INDEPENDENT SCHOOL 2127 MAIN STREET, WESTWOOD ASHLAND, KY 41102	●●*: *—** - *501040(3)		7,469.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
FALLSBURG ELEMENTARY 6869 N HWY 3 LOUISA, KY 41230	●●*: *—** - *111015		6,679.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
FEDS CREEK ELEMENTARY 221 FEDS CREEK RD. FEDS CREEK, KY 41524	●●*: *—** - *111015		7,287.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	●●*: *—** - *119628		8,778.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
GREYHILLS ACADEMY HIGH SCHOOL P.O. BOX 160 TUBA CITY, AZ 86045	●●*: *—** - **4956		5,295.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HANNAA DLI COMMUNITY SCHOOL P.O. BOX 639 BLOOMFIELD, NM 87413	●●*: *—** - *50370(3)		11,332.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HAZARD ELEMENTARY SCHOOL 325 SCHOOL STREET HAZARD, KY 41701	●●*: *—** - *11412		5,416.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HERALD WHITAKER MIDDLE SCHOOL 315 HORNET DR. SALYERSVILLE, KY 41465	●●*: *—** - *11858		7,287.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HERITAGE ELEMENTARY SCHOOL 4863 SOUTH STATE HWY 1 GRAYSON, KY 41143	●●*: *—** - **1284		6,860.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HIGHLAND TURNER ELEMENTARY SCHOOL 10355 HWY 30 WEST BOONEVILLE, KY 41314	●●*: *—** - *11804		7,350.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
HINDMAN ELEMENTARY SCHOOL, KY 875 W MAIN ST. HINDMAN, KY 41822	●●*: *—** - *11097		9,865.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
INEZ ELEMENTARY SCHOOL 5000 ELEMENTARY DR. INEZ, KY 41224	●●*: *—** - *11802		13,892.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON CITY SCHOOL 940 HIGHLAND AVE JACKSON, KY 41339	●●*: *—** - *111095		8,573.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
JENKINS INDEPENDENT SCHOOL P.O. BOX 668 JENKINS, KY 41537	●●*: *—** - **1098		7,226.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
JOHN M. STUMBO ELEMENTARY SCHOOL 6945 KY. RT. 979 GRETHEL, KY 41631	●●*: *—** - **1347		5,463.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
JOHNS CREEK ELEMENTARY SCHOOL 8302 META HWY. PIKEVILLE, KY 41501	●●*: *—** - *111015		11,977.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
JOHNSON CENTRAL HIGH SCHOOL 257 N. MAYO TRAIL PAINTSVILLE, KY 41240	●●*: *—** - *111018		7,983.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
KAYENTA COMMUNITY SCHOOL P.O. BOX 188 KAYENTA, AZ 86033	●●*: *—** - *501049(3)		7,080.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
KNOTT COUNTY CENTRAL HIGH SCHOOL 76 PATRIOT LANE HINDMAN, KY 41822	●●*: *—** - *111097		25,236.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LAKE VALLEY BOARDING SCHOOL P.O. BOX 748 CROWNPOINT, NM 87313	●●*: *—** - *501403(3)		14,878.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LANGSTON HUGHES ACADEMY P.O. BOX 792800 NEW ORLEANS, LA 70179	●●*: *—** - *117051		7,604.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LETCHER COUNTY CENTRAL HIGH SCHOOL 435 COUGAR DRIVE WHITESBURG, KY 41858	●●*: *___* - **1375		6,830.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LETCHER ELEMENTARY-MIDDLE SCHOOL 160 LHS DRIVE BLACKKEY, KY 41804	●●*: *___* - **1375		6,301.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LEWIS CO. MIDDLE SCHOOL / HIGH P.O. BOX 99 VANCEBURG, KY 41179	●●*: *___* - **1187D		8,797.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LIVE OAK ACADEMY P.O. BOX 792800 NEW ORLEANS, LA 70179	●●*: *___* - **17054		7,701.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
LOTT'S CREEK COMMUNITY 325 SCHOOL STREET HAZARD, KY 41701	●●*: *___* - **12055		22,100.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MAGOFFIN CO. HIGH SCHOOL 1100 E MOUNTAIN PARKWAY SALYERSVILLE, KY 41465	●●*: *___* - **1185B		20,295.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARIANO LAKE COMMUNITY SCHOOL P.O. BOX 787 CROWNPOINT, NM 87313	●●*: *___* - **50740B(3)		11,561.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARIE ROBERTS CANEY ELEMENTARY 115 REDSKIN RD LOST CREEK, KY 41348	●●*: *___* - **11804		6,579.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARTHA JANE POTTER ELEMENTARY SCHOOL - 55 KONA DR. - WHITESBURG, KY 41858	●●*: *___* - **11875		13,751.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN COUNTY HIGH SCHOOL 137 HOLLY BUSH RD INEZ, KY 41224	●●*: *—** - *1110D2		29,630.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MARTIN COUNTY MIDDLE SCHOOL 130 MIDDLE SCHOOL DR. WARFIELD, KY 41267	●●*: *—** - *1110D2		23,447.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MAY VALLEY ELEMENTARY SCHOOL 481 STEPHENS BRANCH RD. MARTIN, KY 41649	●●*: *—** - *111017		5,152.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MENIFEE CENTRAL ELEMENTARY SCHOOL 359 WYNN FLATT RD FRENCHBURG, KY 40322	●●*: *—** - *11107D		5,070.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MENIFEE HIGH SCHOOL 119 INDIAN CREEK RD FRENCHBURG, KY 40322	●●*: *—** - *11107D		5,430.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MILLARD ELEMENTARY 5724 EAST SHELBIANA HWY PIKESVILLE, KY 41501	●●*: *—** - *111015		5,461.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MITCHELL HIGH SCHOOL 416 LEDGER SCHOOL RD. BAKERSVILLE, NC 28705	●●*: *—** - *111075		8,299.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MORGAN CENTRAL ELEMENTARY 3201 HWY 460 WEST WEST LIBERTY, KY 41472	●●*: *—** - *111411		11,106.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
MORGAN COUNTY HIGH SCHOOL 150 ROAD TO SUCCESS WEST LIBERTY, KY 41472	●●*: *—** - *111411		9,267.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN COUNTY MIDDLE SCHOOL 380 ROAD TO SUCCESS WEST LIBERTY, KY 41472	●●*: *___* - *11441		12,559.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
NORTH MAGOFFIN ELEMENTARY SCHOOL 1991 HWY 460 W SALYERSVILLE, KY 41465	●●*: *___* - *11858		12,550.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
OJO ENCINO DAY SCHOOL P.O. BOX 7 CUBA, NM 87013	●●*: *___* - *507403(3)		6,517.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
OWINGSVILLE ELEMENTARY SCHOOL 50 CHENAULT DR. OWINGSVILLE, KY 40360	●●*: *___* - *11841		5,720.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PAGE HIGH SCHOOL 500 S NAVAJO DR PAGE, AZ 86040	●●*: *___* - *11282		6,936.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PAGE MIDDLE SCHOOL P.O. BOX 1927 PAGE, AZ 86040	●●*: *___* - **2832		5,010.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PHELPS HIGH SCHOOL P.O. BOX 131 PHELPS, KY 41553	●●*: *___* - *11845		21,359.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PHYLLIS WHEATLEY COMMUNITY SCHOOL PO BOX 792800 NEW ORLEANS, LA 70179	●●*: *___* - *117054		10,728.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PIKE COUNTY CENTRAL HIGH SCHOOL 100 WINNERS' CIRCLE PIKEVILLE, KY 41501	●●*: *___* - *11845		9,127.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	●●*: *—** - *1127B		12,350.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
PUEBLO PINTADO BOARDING SCHOOL HCR 79 BOX 80 CUBA, NM 87013	●●*: *—** - *11741B		5,332.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
RED ROCK DAY SCHOOL P.O. DRAWER 2007 RED VALLEY, AZ 86544	●●*: *—** - *50740B(3)		11,605.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
RIVER CITY MIDDLE SCHOOL 6300 HULL STREET RD. RICHMOND, VA 23224	●●*: *—** - **9922		6,360.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
ROGERS ELEMENTARY SCHOOL PO BOX 810 CAMPTON, KY 41301	●●*: *—** - *111057		5,818.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SALYERSVILLE ELEMENTARY SCHOOL 204 HORNET DR. SALYERSVILLE, KY 41465	●●*: *—** - *11105B		10,749.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SAMUEL J. GREEN CHARTER SCHOOL P.O. BOX 792800 NEW ORLEANS, LA 70179	●●*: *—** - *117054		9,346.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SEBASTIAN ELEMENTARY SCHOOL 244 LBJ RD. JACKSON, KY 41339	●●*: *—** - *111044		12,480.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SHELBY VALLEY HIGH SCHOOL 125 DOUGLAS PARK PIKESVILLE, KY 41501	●●*: *—** - *11541B		6,115.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHONTO PREPARATORY SCHOOL P.O. BOX 7900 SHONTO, AZ 86054	●●*: *___* - **117605		26,078.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SPARTA ELEMENTARY SCHOOL 450 N MAIN ST. SPARTA, NC 28675	●●*: *___* - **119085		35,496.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
ST. MICHAELS SPECIAL ED SCHOOL P.O. BOX 100 ST. MICHAEL'S, AZ 86511	●●*: *___* - **501665(3)		10,767.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
SUCCESS PREPARATORY ACADEMY P.O. BOX 792800 NEW ORLEANS, LA 70179	●●*: *___* - **7054		18,378.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
T.C. BOUSHALL MIDDLE SCHOOL 3400 HOPKINS RD RICHMOND, VA 23234	●●*: *___* - **9909		5,040.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TOHAALI' COMMUNITY SCHOOL P.O. BOX 9857 NEWCOMB, NM 87455	●●*: *___* - **117413		6,268.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TO'HAJIILEE COMMUNITY SCHOOL P.O. BOX 3438 TO'HAJIILEE, NM 87026	●●*: *___* - **507403(3)		9,353.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TONALEA SCHOOL HWY 160, RT 21 TONALEA, AZ 86044-0039	●●*: *___* - **11619		6,557.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
TUBA CITY BOARDING SCHOOL P.O. BOX 187 TUBA CITY, AZ 86045	●●*: *___* - **507403(3)		7,424.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLE CRUCIS ELEMENTARY SCHOOL 2998 BROADSTONE RD. SUGAR GROVE, NC 28679	●●*: *—** - *119019		8,496.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
VALLEY ELEMENTARY SCHOOL 163 DOUGLAS PARKWAY PIKEVILLE, KY 41501	●●*: *—** - *11045		7,562.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
WARFIELD ELEMENTARY SCHOOL 33 ELEMENTARY LOOP WARFIELD, KY 41267	●●*: *—** - *11002		18,165.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS
WOLFE CO. MIDDLE/HIGH SCHOOL P.O. BOX 790 CAMPTON, KY 41301	●●*: *—** - *11057		16,422.	0.			PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHANY HIGH SCHOOL

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

**Part IV** Supplemental Information

AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: 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 AND SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: BEAVER CREEK ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY HIGH SCHOOL, KY

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

NAME OF ORGANIZATION OR GOVERNMENT: BELFRY MIDDLE SCHOOL

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: BETSY LAYNE HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: BEVINS ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: BOWMAN MIDDLE SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: BOYD COUNTY HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: BREATHITT CO. JR.-SR. HIGH SCHOOL

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: 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

**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



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FEDS CREEK ELEMENTARY

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

NAME OF ORGANIZATION OR GOVERNMENT: 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

**Part IV** Supplemental Information

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 GOVERNMENT: 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

**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: JOHN M. STUMBO 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: JOHNS CREEK ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: JOHNSON CENTRAL HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: KAYENTA COMMUNITY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: KNOTT COUNTY CENTRAL HIGH SCHOOL

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LAKE VALLEY BOARDING SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: LANGSTON HUGHES 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

**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 AND SUPPLIES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MARTIN COUNTY HIGH SCHOOL

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

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

**Part IV** Supplemental Information

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

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: OWINGSVILLE ELEMENTARY SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: PAGE HIGH SCHOOL

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

NAME OF ORGANIZATION OR GOVERNMENT: 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 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



**Part IV** Supplemental Information

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

**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

**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 SUPPLIES PROVIDES BASIC AND HEALTH RELATED NEEDS SUCH AS CLOTHING, SHOES, FOOD; EDUCATIONAL NEEDS SUCH AS MATERIALS AND SUPPLIES

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

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

NAME OF ORGANIZATION OR GOVERNMENT: SUCCESS PREPARATORY ACADEMY

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

**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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WOLFE CO. MIDDLE/HIGH SCHOOL

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CHILDREN, INCORPORATED** Employer identification number **\*\*-\*\*\*1510**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
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 - Publicly traded	X	37,075	37,075.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
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**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CHILDREN, INCORPORATED

Employer identification number

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

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

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

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

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

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

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

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

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

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

CHILDREN, INCORPORATED MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. IT ALSO MAKES ITS  
FINANCIAL STATEMENTS AND FORM 990 AVAILABLE AT  
[WWW.CHILDRENINCORPORATED.ORG](http://WWW.CHILDRENINCORPORATED.ORG).



Name of the organization CHILDREN, INCORPORATED	Employer identification number **-***1510
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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.