### 990

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 2017

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 for instructions and the latest information.

Open to Public

Inter	nal Revenu	ue Service	► Go to v	vww.irs.gov/Form990 for instruc	tions and the latest info	rmation.	Inspection
Α	For the	2017 calend	lar year, or tax year begir	nning	, 2017, and en	ding	, 20
В	Check if a	applicable:	C Name of organization For	The Children Inc.			D Employer identification no.
	Address o	change	Doing business as				65-0950530
$\overline{}$	Name cha	-	Number and street (or P.O. bo	ox if mail is not delivered to street address)		Room/suite	E Telephone number
$\overline{}$	Initial retu	-	1718 South Dou	,			(561)493-1190
一		rn/terminated		, country, and ZIP or foreign postal code			G Gross receipts
=	Amended		Lake Worth, FL				\$ 1,015,532
$\equiv$		n pending	F Name and address of principa		i 556	H(a) Is this a group return	
ш	Арріїсацо	in pending		St, Lake Worth, FL 33			tes included? Yes No
_	Tax-exem	not status: 🏋		) ◀ (insert no.) 4947(a)(1) or	527		h a list. (see instructions)
	Website:		.forthechildrenf:	<u> </u>			,
					L. Voor of formation: 20	H(c) Group exemption	
	art I	rganization: X		sociation	L Year of formation: 20	M State of le	gai domicile: FL
1 6	1		*	ion or most significant activities:	To provide child	man with high	
	'	•					
çe				nd family support servi	ices that roster	positive phys	sical, social,
Jan		emotiona	i, cognitive grow	th, and development.			
Governance	١,	Chook this h	ov N if the organization	n discontinued its operations or disp	accord of mare than 25% o	f ita not consta	
Ô	2			erning body (Part VI, line 1a)			.
∞ಶ	3						
Activities &	4			s of the governing body (Part VI, li			
	5			n calendar year 2017 (Part V, line 2			
	6		er of volunteers (estimate if				
				Part VIII, column (C), line 12			-
	В	Net unrelate	d business taxable income	e from Form 990-T, line 34			-
Revenue		Contribution	and grants (Dort VIII line	1h)		Prior Year	Current Year
	8				578,1		
	9	•	vice revenue (Part VIII, lin		410,7		
ě	10			A), lines 3, 4, and 7d)		1,0	
Œ	11			nes 5, 6d, 8c, 9c, 10c, and 11e) .	_	2,1	
	12			(must equal Part VIII, column (A), lii		992,0	28 1,015,532
	13		·	IX, column (A), lines 1-3)			0
	14	•	· ·	X, column (A), line 4)			
es	15			e benefits (Part IX, column (A), line	· ·	602,4	15 748,321
Expenses	16a		•	column (A), line 11e)			0
ă	b		ising expenses (Part IX, co				
ш	1			nes 11a-11d, 11f-24e)		368,8	
				t equal Part IX, column (A), line 25)		971,2	
	19	Revenue les	s expenses. Subtract line	18 from line 12		20,7	
sor	2 00	Tatal	(Dart V. liss 40)			Beginning of Current Yea	
sset	20				<del>                                     </del>	1,516,9	
Net Assets or	21			line Of from line OO		40,3	
_	rt II			line 21 from line 20		1,476,6	1,365,789
			clare that I have examined this retu	ırn, including accompanying schedules and st	atomonte, and to the heet of my kr	nowledge and helief it is	
				ficer) is based on all information of which prep		lowledge and belief, it is	
			1 - 1'				
Sig	ın		nale Durandisse re of officer				ate
						<u> </u>	aic
He	ı <del>C</del>	-	nale Durandisse, print name and title	CEO			
				T	Date		T
D~	. A		eparer's name	Preparer's signature		Check if	PTIN
Pa			legretti	L Sleen	05-02-2018	self-employed	P00837589
	eparer			J Allegretti CPA PA		Firm's EIN ►	
US	e Only	Firm's addres		A Blvd Suite 600		Phone no.	
		2 41 11 1		ach Gardens FL 33410		561-	-223-3682
ハハつい	the IP	- disclise this	ratium with the preparer ch	nown ahove? (see instructions)			I I VAC IXI NA

4c	(Code:) (Expenses \$252,978 including grants of \$) (Revenue \$232,886)
	The Children Community Wellness Center educates parents about child development issues and
	the importance of being involved in their child's education. Our counselors assist families
	with child development, child-rearing, family planning, violence in the home, drug and
	alcohol abuse, and other behavioral issues.

) (Revenue \$

4d Other program services (Describe in Schedule O.)

(Expenses \$ 199,882 including grants of \$

191,097)

### Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.  2 is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?  3 Did five organization required to complete Schedule B. Schedule of Contributors (see instructions)?  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? "Free," complete Schedule C. Part I.  5 Is the organization as eaction 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviews Procedule 98 91.8" "Free," complete Schedule C.  Part II.  5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II.  7 Did the organization receive or hold a conservation essentent, including essentents to preserve open space, the environment, historic land cross, or historic structures? If "Yes," complete Schedule D. Part II.  7 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 to preserve open space, the environment, historic land account in a complete Schedule D. Part III.  7 Did the organization maintain collections of works of any historical treasures, or the seminar assests? If "Yes," complete Schedule D. Part III.  8 Did to organization services? If "Yes," complete Schedule D. Part IV.  9 Did to organization networks of the part X, line 21 for escrow or custodial account liability, save as a custodian for amounts not listed in Part X, inc 21 for escrow or custodial account liability, save as a custodian for amounts not listed in Part X, line 21 for escrow or custodial account liability, save as a custodian f		•		Yes	No
2 Is the organization complete Schedule B. Schedule C. Contributors (see instructions)?  2 X  3 bit the organization engages in direct or inderce prolifect organization activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I .  3 X  4 Section 501(C)3 organizations as common the organization reages in lobbying activities, or have a section 501(h) detection in effect during the taxs, year if "Yes," complete Schedule C. Part II .  4 X  5 is the organization associan 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6), organization that receives membership dues, assessments, or smilar amounts as defined in Revenue Procedure 8-91-72 if "Yes," complete Schedule C, Part II .  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II .  6 X  7 Did the organization ceave or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic surfaces and the surface of the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D. Part II .  7 X  8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D. Part II .  8 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 repilit or debt negotiation services? If "Yes," complete Schedule D. Part V .  9 X  10 Did the organization received or through a related organization, hold assets in temporarily restricted endowments. Proceeding 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	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	140
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II		complete Schedule A	1	Х	
candidates for public office? If "Yes", complete Schedule C, Part I  Section 501((x)) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes", complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization tracelese membershy dues.  assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes", complete Schedule C, Part III.  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes", complete Schedule D, Part II.  Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic attrutures? If "Yes," complete Schedule D, Part III.  The part of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for section or custodial account liability, serve as a custodian for amounts not listed in Part X, for provide creat counseling, debt management, creat repair, or debt negotiation services? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for sections or custodial account liability, serve as a custodian for amounts not listed in Part X, for provide creat counseling, debt management, creat repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  Did the organization report an amount for an amount for the careful part X, line 12, for yes, complete Schedule D, Part V.  Did the organization report an amount for investments—other securities in Part X, line 12, Part VIII.  Did the organization report an amount for investments—other securities in Part X, line 15 that is 5% or more of its total assets reported in Part X,	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in libbbying activities, or have a section 501(h) 4 X is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberahip dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II 5 X 14 the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 15 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 7 X 15 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 7 X 15 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 7 X 15 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 7 X 15 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 7 X 15 Did the organization frequency or through a related organization, debt management, red freplin or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 15 Did the organization facetory for through a related organization, do assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization assets or any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization asset is negotial and any of the following questions is "Yes," then complete Schedule D, Part V II 16 X 15 Did the organization report an amount for investments - other securities in Part V, line 12 If 16 Did	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership clues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor actived 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? II "Yes," complete Schedule D, Part II  Tyes, complete Schedule D, Part II  Tyes, complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fault and areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization services III "Yes," complete Schedule D, Part III  Did the organization services III "Yes," complete Schedule D, Part III  Did the organization services III "Yes," complete Schedule D, Part IV  Tyes, the organization services III "Yes," complete Schedule D, Part IV  Tyes, III III Tyes, organization services III "Yes," complete Schedule D, Part IV  Tyes, organization services III		candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
5 is the organization a section SOT(c)(4), SOT(c)(6), or SOT(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the injust to provide advised funds or any similar funds or accounts for which donors have the injust to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, saye as a custodian for amounts not listed in Part X; or provide credit consensing, deth amagement, credit repair or debt negotiation services? If "Yes," complete Schedule D, Part IV  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, saye as a custodian for amounts not listed in Part X; or provide credit consensing, deth amagement, credit repair or debt negotiation services? If "Yes, complete Schedule D, Part IV  9 Did the organization report an amount for lead-ownments? If "Yes, "complete Schedule D, Part V  10 Lit the organization report an amount for lead-ownments? If "Yes, "complete Schedule D, Part V II.  11 If the organization report an amount for lead-ownments? If "Yes, "complete Schedule D, Part V II.  12 Lit X Lit or V As a spiciosation amount for lead-ownments." If "Yes, "complete Schedule D, Part V II.  13 Lit or lot the organization report an amount for lead-ownments." If "Yes, "complete Schedule D, Part V II.  14 Lit organization report an amount for lead-ownments." If "Yes, "complete Schedule D, Part V III.  15 Did the organization report an amount for lead-ownments." If "Yes, "complete Schedule D, Part V III.  16 Did	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III.  5		election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 1 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X X BDId the organization report an amount in Part X, line 21, for escrow or custodial account failability, sarve as a custodian for amounts on tilead in Part X, or provide crede counseling, dobt management, credit repair or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X X DID Did the organization devolution of the tollowing questions is "Yes," complete Schedule D, Part V 10 X X III the organization report an amount for lands of the following questions is "Yes," complete Schedule D, Part V 10 X X III the organization report an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part V III III X X DID DID the organization report an amount for land, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part V III X III X X DID DID the organization report an amount for land, buildings, and equipment in Part X, line 10 If Yes," or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II III X X DID DID the organization report an amount for investments - program-related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II X X DID DID DID DID DID DID DID DID	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 7 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  "Yes," complete Schedule D, Part II  7 Id the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  7 X  8 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization area or the repair of the repair of the organization and the report of the report o			5		X
"Yes," complete Schedule D, Part I   5   X   Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   7   X   18 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   8   X   19 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sarve as a custodian for amounts not listed in Part X, in ext. (In ext. 1)   Yes, "complete Schedule D, Part IV   9   X   10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments! If "Yes," complete Schedule D, Part V   10   X   11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V   10   X   12 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V   11   X   13 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes, complete Schedule D, Part V   11   X   14 Did the organization report an amount for investments - order securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II   11   X   15 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II   11   X   16 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 12 If "Yes," complete Schedule D, Part V II   11   X   17 Did the organization slability for uncertain tax positions under File Medical Part X   11   X   X   18 Did the organization obtain separate or consolidated in relative in	6				
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic tand areas, or historic structures? If "Yes," complete Schedule D, Part III 7  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8  9 Did the organization or amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9  10 Did the organization or anounts not any of the following questions is "Yes," complete Schedule D, Part V 10  11 If the organization answer to any of the following questions is "Yes," complete Schedule D, Part V 10  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11  14 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11  15 Did the organization report an amount for investments - propare Schedule D, Part V 11  16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11  16 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11  11 Did the organization orthogrape and or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11  12 Did the organization obstain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11  12 Did the organ		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 77		•	6		X
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complete Schedule D. Part III.  10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair or debt negotiation services? If "Yes," complete Schedule D, Part IV.  11 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  12 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI.  13 JI, VIII, IX, or X as applicable.  14 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  15 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  16 Did the organization report an amount for investments - program related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  16 Did the organization report an amount for investments - program related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets the organization report an amount for other liabilities in Part X, line 26? If "Yes," complete Schedule D, Part X  15 Did the organization's separate or conscildated financial statements for the tax year? If "Yes," complete Schedule D, Part X  16 Did the organization's separate properties and the properties of the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  17 Did the organization in			7		Χ
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization report an endownents, or quasi-endowments? If "Yes," complete Schedule D, Part V  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, complete Schedule D, Part V III.  13 b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes, complete Schedule D, Part V III.  14 b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III.  15 c Did the organization report an amount for investments - program related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III.  16 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III.  2 d Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III.  3 d Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III.  3 d Did the organization obtain separate, independent audited financial statements for the tax year? II "Yes," complete Schedule D, Parts X III.  3 d Did the organization have aggivega	8	· · · · · · · · · · · · · · · · · · ·			
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," complete Schedule D, Part VI, VII, IVII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, to Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 28? If "Yes," complete Schedule D, Part X  11d	_		8		Х
debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization perport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII 1 1 1 X  c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII 1 1 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? If "Yes," complete Schedule D, Part VII 1 X  e Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 1 X  d Did the organization report an amount for other assets in strain the second second of the second	9				
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endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		9		X
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IV, IV, IV, IV, IV, IV, IV, I	10		40		v
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reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			11c		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  112a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  12b X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13  X  14a Did the organization maintain an office, employees, or agents outside of the United States?  14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 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 111e? If "Yes," complete Schedule G, Part II (see instr	d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13	12a				
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fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			14a		X
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	D				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			1/16		v
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		140		Λ
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				- 22
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. •		16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		-		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17		X
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			18		X
If "Yes," complete Schedule G, Part III	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		If "Yes," complete Schedule G, Part III	19		Χ

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? $\dots \dots \dots \dots \dots \dots$	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	

17) For The Children Inc.

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.		3.7
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		21
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
<b>a</b>	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	· · · · · · · · · · · · · · · · · · ·			

Form 990 (2017)

For The Children Inc.

Part VI

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

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

Section A. Governing Body and Management

Yes No

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent

1b 6

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with

	if the governing body delegated broad authority to arresecutive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			

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

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	17	List the states with which a	copy of this Forn	n 990 is required to be filed	
---	----	------------------------------	-------------------	-------------------------------	--

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in 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:

Yes

No

For	n C	90	12	<b>01</b>	7١

For The Children Inc.

		5			

Page 7

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Poleck m ss pel d a di	(C) sistion nore than reson is bo rector/trus	th an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Director	4-4	X						0	0
(2) Lana St. Hillaire Director		X					0		0
(3) Esther Jean									
Director		X					0	0	0
(4) Paul Blockson									
Treasurer		X		X			0	0	0
(5) Claudel Trajan									
Vice Chair		X		X			C	0	0
(6) Jennifer Kuvin Chairperson		Х		Х			0	0	0
(7) Paninala Person di ma		21		22					
(/) Reginale Durandisse CEO		X		X			85,604	0	0
(8)		21		21			03,004	U	
(9)									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									

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Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and			t Com	pen	sated Employees	s (continued)	1	
					Posi							
	(A)	(B)	(do n	ot che			an one		(D)	(E)	_	(F)
	Name and title	Average hours per			•		both an		Reportable compensation	Reportable compensation from		stimated nount of
		week (list any					rustee)	_	from	related		other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe mplo	Former	the organization	organizations (W-2/1099-MISC)		pensation rom the
		organizations	ector	ition	٦	mplc	ist cc byee	ey e	(W-2/1099-MISC)	(11 2/1000 111100)	org	anization
		below dotted line)	truste	al trus		yee	mpe				1	d related anizations
		,	ď	itee			Highest compensated employee					
							Ď					
(15)												
<u>(17)</u>												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
	· · · · · · · · · · · · · · · · · · ·											
(25)												
1b	Sub-total		-									
c	Total from continuation sheets to Part VII, Section	n A										
d	Total (add lines 1b and 1c)		Y					•	85,604	. 0		0
2	Total number of individuals (including but not limited	to those list	ed abc	ve)	who	rece	eived r	nore	than \$100,000 of			
	reportable compensation from the organization <b>\rightarrow</b>									0		
•	Billia and the first fir			1 -		1						Yes No
3	Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>		-		-		-				3	Х
4	For any individual listed on line 1a, is the sum of rep										3	Λ
•	organization and related organizations greater than											
	individual										4	Х
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny u	nrela	ated	organ	izati	on or individual			
<u> </u>	for services rendered to the organization? If "Yes,"	complete So	chedul	e J f	or s	uch į	persor	1 .			5	X
Section 1	on B. Independent Contractors  Complete this table for your five highest compensated	d indopondor	nt cont	racto	ore t	hat re	acoivo	d m	aro than \$100,000	of		
'	compensation from the organization. Report comper											
	year.	isation for the	oaloi	iaai	you	Cito	g ***		within the organiz	adion's tax		
	(A)								(B)			(C)
	Name and business address								Description of	services	Comp	ensation
2	Total number of independent contractors (including			ose	liste	d ab	ove) w	vho				
	received more than \$100,000 of compensation from	the organiza	tion	<b>&gt;</b>								

Form 990 (2017) For The Children Inc. 65-0950530 Page 9 Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	ote to any line in thi	(A) Total revenue	(B)  Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
						revenue	Tevende	512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, G Ame	С	Fundraising events	1c					
Gift lar	d	Related organizations	1d					
ns, Simi	е	Government grants (contributions)	1e	429,410				
Ltio	f	All other contributions, gifts, grants,						
Ĕ		and similar amounts not included above	1f	173,144				
and	g	Noncash contributions included in lines 1a-	1f: \$	26,736				
	h	Total. Add lines 1a-1f			602,554			
				Business Code				
une	2a	Program Service Fees		624110	407,582	407,582		
Reve	b							
je –	С							
Ser	d							
ra H	е							
Program Service Revenue	f	All other program service revenue						
	g	Total. Add lines 2a-2f			407,582			
	3	Investment income (including dividends, inter	est,					
		and other similar amounts)			1,130	1,130		
	4	Income from investment of tax-exempt bond	proce	eds►				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	S	(ii) Other				
	b	Less: cost or other basis and sales expenses						
		Gain or (loss)						
ø	l .	Net gain or (loss)	7	▶				
enne/	ва	Gross income from fundraising events (not including \$						
ě		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18						
₹	h	Less: direct expenses						
•		Net income or (loss) from fundraising events						
		Gross income from gaming activities.	•					
	Ja	See Part IV, line 19	2					
	h	Less: direct expenses						
		Net income or (loss) from gaming activities		<b></b>				
	10a	Gross sales of inventory, less returns and allowances	a					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of inventory		<b></b>				
		Miscellaneous Revenue	• •	Business Code				
	112	Miscellaneous		900099	4,266	4,266		
	b	WIRCEITAMEOUR		300033	+,200	4,200		
	G C	All other revenue						
		Total. Add lines 11a-11d		<b>.</b>	1 266			
		<b>Total revenue.</b> See instructions			4,266 1,015,532			0 0
						T14/3/0		- L

#### 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 (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, 85,604 68,260 14,553 2,791 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ...... 7 586,264 562,348 23,916 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 28,800 27,559 1,241 10 47,653 45,801 1,852 11 Fees for services (non-employees): b Legal...... d Professional fundraising services. See Part IV, line 17 . Investment management fees . . . . . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 72,947 77,948 5,001 12 Advertising and promotion . . . . . . . Office expenses . . . . . . . . . . . . 13 5,133 4,848 285 14 Information technology . . . . . . 15 16 18,000 18,000 17 20,705 1,219 21,924 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates . . . . . 21 22 Depreciation, depletion, and amortization 22,147 20,916 1,231 23 36,351 34,330 2,021 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Food Service 52,812 49,876 2,936 Building Maintenance 37,156 35,090 2,066 34,844 C Sponsored Events/Activities 36,893 2,049 d Communications & Utilities 33,611 31,742 1,869 36,092 **e** All other expenses 35,507 585 **Total functional expenses.** Add lines 1 through 24e 25 1,126,388 1,062,773 60,824 2,791 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ightharpoonup 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			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,186,282	1	1,089,438
	2	Savings and temporary cash investments	101,484	2	101,722
	3	Pledges and grants receivable, net	107,867	3	85,926
	4	Accounts receivable, net	33,368	4	27,589
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	17,474	9	17,379
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 398,057			
	b	Less: accumulated depreciation 10b 338,857	70,470	10c	59,200
	11	Investments - publicly traded securities	1,0,2.0	11	32,200
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,516,945	16	1,381,254
	17	Accounts payable and accrued expenses	40,300	17	15,465
	18	Grants payable	10,500	18	23,103
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	40,300	26	15,465
		Organizations that follow SFAS 117 (ASC 958), check here   ightharpoonup in the image is a second of the image is a second or	,		,
S		complete lines 27 through 29, and lines 33 and 34.			
Ce	27	Unrestricted net assets	1,441,236	27	1,330,380
alar	28	Temporarily restricted net assets	35,409	28	35,409
B	29	Permanently restricted net assets		29	,
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here			
or F		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,476,645	33	1,365,789
	34	Total liabilities and net assets/fund balances	1,516,945	34	1,381,254

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m 990 (2017)	for the Children Inc.	65-0950530	Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. $\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	15,5	532
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	.26,3	388
3	Revenue less expenses. Subtract line 2 from line 1	3		(1	.10,8	356)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	76,6	545
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,3	65,7	789
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
			_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		Χ
	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?		[	2b	Χ	
	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					
С	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?		[	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	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?		[	3a		X
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 in Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form **990** (2017)

#### **SCHEDULE A**

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

For	Th	e Children Inc.					65-09505	30	
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.	
The	orgai	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.	)			
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b)	(1)(A)(ii). (Attach	Schedule E (Form 990 d	or 990-EZ)	.)			
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	(iii).			
4	$\overline{\Box}$	A medical research organization ope	•				(1)(A)(iii). Enter the		
		hospital's name, city, and state:					(-)(-)(-)		
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or oper:	ated by a c	novernmen	tal unit described in		
3	Ш	section 170(b)(1)(A)(iv). (Complete	_	arriversity owned or opera	ated by a g	joverninen	tal anni acsonbca in		
			•	unit donoribad in <b>castion</b>	470/b\/4\	(A)()			
6	<u></u>	A federal, state, or local government	•				and the management and the		
7	X	An organization that normally receive	•		vernmentai	unit or tro	m the general public		
_		described in section 170(b)(1)(A)(vi		,					
8	Н	A community trust described in <b>secti</b>							
9	Ш	An agricultural research organization						lege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or		
		university:							
10	Ш	An organization that normally receives	. ,	• • • • • • • • • • • • • • • • • • • •				SS	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	1511 tax) f	rom businesses		
	_	acquired by the organization after Ju-	ne 30, 1975.See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)			
11	Ц	An organization organized and opera	ted exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).			
12		An organization organized and operat	ed exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	ses	
		of one or more publicly supported org	ganizations describ	oed in <b>section 509(a)(1)</b>	or <b>section</b>	1 509(a)(2	). See <b>section 509(</b> a	1)(3).	
		Check the box in lines 12a through 12	2d that describes th	e type of supporting org	anization a	nd comple	te lines 12e, 12f, and	12g.	
	а	Type I. A supporting organization	n operated, superv	rised, or controlled by its	supported	l organizat	ion(s), typically by gi	ving	
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the		
		supporting organization. You mu	st complete Part	IV, Sections A and B.					
	b	Type II. A supporting organizatio	n supervised or co	ontrolled in connection w	ith its supp	orted orga	anization(s), by havin	ng	
		control or management of the sup	porting organization	on vested in the same pe	rsons that	control or r	nanage the supporte	d	
		organization(s). You must comp	lete Part IV, Sect	ions A and C.					
	С	☐ Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated	with,	
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	ns A, D, ar	nd E.		
	d	☐ Type III non-functionally integr						tion(s)	
		that is not functionally integrated.	The organization of	generally must satisfy a d	istribution i	requiremer	nt and an attentivenes	S	
		requirement (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.			
	е	Check this box if the organization					Type II, Type III		
		functionally integrated, or Type III							
	f	Enter the number of supported organi							
	g	Provide the following information about	ut the supported or	ganization(s).					
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amou	unt of
			, ,	(described on lines 1-10	listed in you	0 0	support (see	other supp	
				above (see instructions))	docum	ent?	instructions)	instruct	ions)
		Ť			Yes	No			
(A)									
(B)									
(C)									
(C)									
(D)									
(E)									
Tota	ı								

65-0950530 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II (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

Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	937,008	465,619	681,529	578,107	602,554	3,264,817
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		135,000	165,000	159,000	159,000	618,000
4	<b>Total.</b> Add lines 1 through 3	937,008	600,619	846,529	737,107	761,554	3,882,817
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						291,897
6	Public support. Subtract line 5 from line 4						3,590,920
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	937,008	600,619	846,529	737,107	761,554	3,882,817
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,676	1,476	1,032	1,004	1,130	6,318
9	Net income from unrelated business activities, whether or not the business is regularly carried on			5			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						3,889,135
12	Gross receipts from related activities, etc. (s	see instructions)				12	1,227,339
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2017 (line 6, o			))		14	92.33 %
15	Public support percentage from 2016 Sched	ule A, Part II, line 1	4			15	95.30 %
16a	33 1/3% support test - 2017. If the organize	cation did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and <b>stop here.</b> The organization qualit		•			• • • • • • • • •	▶ 🛚 🗓
b	33 1/3% support test - 2016. If the organization				is 33 1/3% or mor	e, check	
	this box and <b>stop here.</b> The organization q					· · · · · · · · · · ·	▶ □
17a	10%-facts-and-circumstances test - 2017	•					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fac		_	•			
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2010	=				line	
	15 is 10% or more, and if the organization			•	•		
	Explain in Part VI how the organization mee			=		-	
40	supported organization						▶ ⊔
18	<b>Private foundation.</b> If the organization did						. $\Box$
	instructions						<u> ▶                             </u>

65-0950530

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

(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.)

Se	ction A. Public Support			· •	•	,	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Ť					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co	•	•	))		15	%
16	Public support percentage from 2016 Schedu					16	%
Se	ction D. Computation of Investme		<u> </u>			T T	
17 18	Investment income percentage for <b>2017</b> (line Investment income percentage from <b>2016</b> S		-			17	<u>%</u>
	33 1/3% support tests - 2017. If the organiz						70
	17 is not more than 33 1/3%, check this box	and <b>stop here.</b> The	he organization qu	alifies as a publicly	supported organi	zation	▶ □
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	not check a box or	line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ 🗌

65-0950530

Part IV

### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
21		
3b		
3с		
4a		
4b	,	
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b	)	
90		
40		
10a	1	
10k		
A (Form 99		Z) 2017

Pai	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations		<b>.</b>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the expenientian energie for the honefit of any supported expenientian other than the supported			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
500	ion C. Type II Supporting Organizations			
<del>Je</del> c	non c. Type ii Supporting Organizations	1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	INO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations			
000	ion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruci	tions)	).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rganiza	ntions	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (expla	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Section	ns A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(3)
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			
СО	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

6

EEA

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	10330 1 age 1
	tion D - Distributions	, capporting organi	Lations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exem	not purposes		- Curront rour
	Amounts paid to perform activity that directly furthers exempt			
_	organizations, in excess of income from activity	pa.poodo o. oappo.toa		
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets	э от очиротточ от garm=ar	.0.10	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.	3		
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

e Excess from 2017

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

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

For The Children Inc.

Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

65-0950530

Organization type (check one):							
Filers o	of:	Section:					
Form 99	90 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Check i	if your organization is cove	red by the General Rule or a Special Rule.					
		), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
instructi	ions.						
Genera	I Rule						
	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a tions.					
Special	I Rules						
X	For an organization descri regulations under sections 13, 16a, or 16b, and that	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 5509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	contributor, during the year	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	contribution, during the year contributions totaled more during the year for an exc General Rule applies to the	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received stusively religious, charitable, etc., purpose. Don't complete any of the parts unless the his organization because it received nonexclusively religious, charitable, etc., contributions using the year					
	· ·	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number for The Children Inc. 65-0950530

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person United Way of Palm Beach County 1 Payroll Noncash 64,821 2600 Quantum Blvd (Complete Part II for noncash contributions.) Boynton Beach, FL 33426 (d) (a) (c) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 2 Goldman Sachs Philanthropy Fund Payroll Noncash 53,000 P.O. Box 15203 (Complete Part II for Albany, NY 12212-5203 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions No. Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

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

### **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name	of the organization	Employer identification number
Fo:	r The Children Inc.	65-0950530
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	s.
	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	
		Yes 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?	Yes No
Pa	rt 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 (e.g., recreation or education)  Preservation of a historically in	nportant land area
	Protection of natural habitat  Preservation of a certified hist	
	Preservation of open space	one ca docard
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	ervation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	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	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
3		ation during the
4	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	Yes No
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
7	Amount of auropeas insured in monitoring inspecting handling of violations and enforcing conservation access	monto durina the veer
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	nents during the year
	► \$	(:)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
Da	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	ur Similar Assats
га	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	i Sililiai Assets.
40	· · · · · · · · · · · · · · · · · · ·	halanaa ahaat
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	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 SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance 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	' <u>-</u>
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovide the
	following amounts required to be reported under SFAS 116 (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 assets)  Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):  a	age 2 ed) No
Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):  a	
collection items (check all that apply):  a	☐ No
a  Public exhibition	No
b Scholarly research e Other c Preservation for future generations 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?	No
c   Preservation for future generations  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?	☐ No
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?  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  1c  1d  1e  1f	No
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?  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance	No
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?  Part IV	No No
assets to be sold to raise funds rather than to be maintained as part of the organization?  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  1c  1d  1e  1f	No No
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.   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	] No
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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  Additions during the year  Distributions during the year  f Ending balance  1 It	☐ No
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  Distributions during the year  f Ending balance  1 C  1 C  1 D  1 C  1 D  1 D  1 D  1 D	☐ No
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance	☐ No
Amount  c Beginning balance	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
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	ack
1a Beginning of year balance	
losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
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 ► %	
c Temporarily restricted 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:	No
(i) unrelated organizations 3a(i)	
(ii) related organizations	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		16,775		16,775
b	Buildings		13,617		13,617
С	Leasehold improvements		131,426	122,692	8,734
d	Equipment		119,664	99,590	20,074
е	Other		116,575	116,575	
Γota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)		59,200

Schedule D (Form	990) 2017 For The Childre	en Inc.	65-09	50530	Page
Part VII	Investments - Other Securities.				
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 990	), Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year marke		
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990	), Part X, lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuar Cost or end-of-year marke		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
	) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990	), Part X, lin	e 15.
	(a) C	Description		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)		<u> </u>			
(6)					
(7)					
(8)					
(9)	on (b) must equal Form 000. Bort V. cal. (D) line 1	E \		+	
Part X	on (b) must equal Form 990, Part X, col. (B) line 1: Other Liabilities.	D.)	· · · · · · · · · · · · · · · · · · ·		
I alt X	Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Fo	rm 990, Par	rt X,
1.	(a) Description of liability	(b) Book value			
-	income taxes	(b) Dook value			
(2)					
(3)					
(4)					

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

65-0950530

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,186,532
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
C	Recoveries of prior year grants	_	
d		_	
е	Add lines 2a through 2d	2e	171,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,015,532
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,015,532
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,297,388
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a b	Donated services and use of facilities	_	
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	171,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,126,388
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,126,388
	art XIII Supplemental Information.		
	vide 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	aπ x, iine	
Z, F	art Ar, lines 20 and 40, and Part Ari, lines 20 and 40. Also complete this part to provide any additional information.		

EEA

#### SCHEDULE L

### **Transactions With Interested Persons**

(Form 990 or 990-EZ)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2017

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public Inspection

OMB No. 1545-0047

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	Children Inc.	<del>-</del>	/ : 504()	(0) (1	-04( )(4)	1.504		09505					
Part I	Excess Benefit Complete if the										lina 1	Ωh	
	Complete ii the t	Jigariization ai				25a	01 230, 01 F011	1 990-1	Ξ <b>Ζ</b> , Γα	ait v,	IIIIE 4		
1 (	a) Name of disqualified perso	on	(b) Relationship between	een disqualilled per anization	son and		(c) Description	of transa	ction			(d) Corr	No
												162	NO
(1)													
_(')													
(2)													
(3)													
2 Enter	r the amount of tax inc	urred by the orga	anization manager	s or disqualifie	d persons o	during the	year						
	er section 4958								▶ \$	<u> </u>			
3 Enter	r the amount of tax, if a	any, on line 2, abo	ove, reimbursed b	y the organizat	ion				▶ \$	<u> </u>			
D 4 !!													
Part II	Loans to and/or			n Form 000	EZ Dort \	/ line 2	Pa or Form 000	Dort	I\	- 26·	or if 4	h o	
	Complete if the organization rep						ba of Form 990	), Part	IV, IIII	e 26,	OI II I	ne	
(a) Name	e of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the	(e) Ori		(f) Balance due	(g) In (	default?		proved ard or	(i) Wi	
			ioan	organization?							nittee?	-9.55	
				To From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)					1				-				
(4)					/								
(4)													
(5)													
Total				<b>Y</b>		. ▶ \$							
Part III	Grants or Assi	stance Benef											
	Complete if the	organization a	inswered "Yes"	on Form 990	, Part IV,	line 27.							
<b>(a)</b> Na	me of interested person	(b) Relationsh	nip between interested	(c) Amount o	f assistance	(d	Type of assistance		(е	) Purpos	se of ass	istance	
		person ar	nd the organization										
445	· ·												
(1)								_					
(2)													
(2)													
(3)													
									-				
(4)													
/E\						1							

Complete if the organization an	swered "	Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.		
(a) Name of interested person	intereste	tionship between ad person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
					Yes	No
(1) Hazeller Decime	FAMILY CEO	MEMBER OF	34.930	Employee wages		Х
(i) hazerrer beerme		MEMBER OF	317330	improjec wages		
(2) Christina Decime	CEO		32,520	Employee wages		Х
(3)						
(5)						
Part V Supplemental Information		and to guardiana	on Cabadula I (aaa	ingty (ations)		
Provide additional information for	r respons	ses to questions	on Schedule L (see	instructions).		
				6 4		
				<b>*</b>		
	1					

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For The Children Inc.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Employer identification number

65-0950530

Par	rt I Types of Property							
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of de	etermi	ining	
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contrib	ution a	amou	nts
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							
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		215	0.4 - 0.4				
19	Food inventory	х	245	26,736	fair market	t va	Lue	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25 26	Other ►()							
27	Other ►()							
28	Other ►() Other ►()							
29	Number of Forms 8283 received by	the organizat	ion during the tay year for con	utributions for				
23	which the organization completed F	_	•		29			
	which the organization completed i	011110203, 1 al	it iv, boile Actiowicagemen		23		Yes	No
30a	During the year, did the organization	n receive by co	ontribution any property report	ted in Part I lines 1 through			103	140
oou	28, that it must hold for at least three	-						
	to be used for exempt purposes for	-			,	30a		Χ
b	If "Yes," describe the arrangement i		allig poriod:			<i>7</i> 0a		-25
31	Does the organization have a gift ac		cy that requires the review of	any nonstandard				
٠.	contributions?					31		X
32a	Does the organization hire or use the					+	$\rightarrow$	
JEU	contributions?				٠,	32a		Х
b	If "Yes," describe in Part II.					-24		-21
33	If the organization didn't report an a	mount in colur	nn (c) for a type of property fo	or which column (a) is checked				
	describe in Part II.		(5) is. a type of proporty it	33.31111 (4) 13 011001104,				

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

For The Children Inc.

Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

65-0950530

Name of the organization Employer identification number

01. Form 990 governing body review (Part VI, line 11)
A draft of Form 990 is provided to management to be circulated to members of the Board for
review prior to filing.
02. Conflict of interest policy compliance (Part VI, line 12c)
Board members are required to review the agency's Conflict of Interest and Ethics Policy
and sign to confirm their understanding of the policies.
03. CEO, executive director, top management comp (Part VI, line 15a)
The CEO's compensation is reviewed annually and compared to compensation for similar
positions.
04. Other officer or key employee compensation (Part VI, line 15b
Salaries are reviewed annually for comparison to local and national positions based on
data provided by funders.
05. Governing documents, etc, available to public (Part VI, line 19)
All governing documents are maintained on file and available upon request.`

### **Statement of Program Service Accomplishments**

2017

PG01

Name(s) as shown on return

For The Children Inc.

Your Social Security Number

65-0950530

Statement #4

#### Form 990-Part III(a)

Statement of Service Accomplishment

Program Service Code
Program Service Expenses \$199882
Grants and allocations included in above expense \$0
Program Services Revenue \$191097

#### Explanation

The Kids Zone is designed to ensure our children are socially, emotionally, and academically prepared to enter kindergarten. We offer programs that allow them to explore the worlds of art, science, math, music, languages, and more in a safe, nuturing environment.



990	Overflow Statement	<b>2017</b> Page 1
Name(s) as shown on return		FEIN
For The Children Inc.		65-0950530

### All Other Expenses (Program)

Description		2	Amount
Program Supplies		_\$	25,565
Dues & Subscriptions			4,802
Miscellaneous			1,933
Equipment rental/maintenance			1,364
Bank fees and interest			1,171
Training and development			672
_	Total:	\$	35,507

### All Other Expenses (Management & General)

Description		Ar	Amount	
Dues & Subscriptions		_ \$	283	
Miscellaneous			114	
<u>Equipment rental/maintenance</u>			80	
Bank fees and interest			68	
Training and development			40	
_	Total:	\$	585	