Form **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)

2020

OMB No. 1545-0047

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 Inspection

Α	For	the	2020 calendar y	ear, or tax year begi	nning		, 2020 , a	ınd endi	ng		, 20		
В	Chec	ck if ap	oplicable:	C Name of organization	For The Child	dren Inc.				D Emp	loyer identification number		
	Addre	ess ch	nange	Doing business as							65-0950530		
	Name	e char	nge	Number and street (or I	P.O. box if mail is not deliv	ered to street address)		Room/su	ite	E Telephone number			
	Initial	l retur	n	1718 South	Douglas St				(561)493-1190				
	Final	l returr	n/terminated	City or town, state or pr	ovince, country, and ZIP of	or foreign postal code				G Gros	ss receipts		
Ī	Amer	nended return Lake Worth Beach, FL 33460								\$ 1,693,983			
Ī	Appli	·							a group return for subordinates? Yes X No				
_									H(b) Are all	all subordinates included? Yes No			
ı	Tax-e	exemp	ot status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No,"	o," attach a list. See instructions			
J	Webs	site:		orthechildrenf	, , , , , , , , , , , , , , , , , , , ,				H(c) Group	exemption	number		
K			ganization: X Corp		ssociation Other		L Year of formati	ion: 200			gal domicile: FL		
	rt I		Summary			L.							
	$\overline{}$	_	<u> </u>	the organization's mis	sion or most signific	ant activities: To	provide c	hildr	en with	high	quality		
			•	-	_	pport services	_						
çe				cognitive gro			CIIGO EOD	JOI P	0010110	, P117D	2001/ 500101/		
nan			omo o romar y	COGILICITO GIO	won, and acre	orona .							
Ver		2	Check this box	if the organization	n discontinued its o	perations or disposed	of more than	25% of i	ts net asse	ets			
Activities & Governance				_		I, line 1a)				1	6		
∞ಶ						body (Part VI, line 1b)					5		
ies						20 (Part V, line 2a)					65		
ţį											20		
Ac						C), line 12					0		
						Part I, line 11					0		
	+	U	ivet uniterated bu	isiness taxable incom	e nom rom 990-1,	raiti, iiile II	-		Prior Year				
			Contributions and	d grants (Part VIII line	a 1h)						Current Year		
a)										3,297	1,445,420		
ű	١,									1,484	242,274		
Revenue						d)				3,889	5,538		
Ř						Oc, and 11e)				7,374	751		
						II, column (A), line 12)			1,626	5,044	1,693,983		
				ar amounts paid (Part							49,828		
						4)					0		
ø						column (A), lines 5-10			1,015	5,120	1,059,803		
Expenses	1					e)					0		
De			•	expenses (Part IX, c			3,364						
Û						4e)				0,238	427,672		
						mn (A), line 25)		•		5,358	1,537,303		
		19	Revenue less ex	penses. Subtract line	18 from line 12 .	<u> </u>		•		0,686	156,680		
ō	Sec								nning of Curr		End of Year		
sets	alar 2		Total assets (Pa							3,596	1,926,733		
Net Assets or	<u> </u>		Total liabilities (F					` —		7,677	224,134		
	_			$\overline{}$	t line 21 from line 20)		•	1,545	5,919	1,702,599		
	rt I		Signature I		u una in altralina a a a a anno antr	ing schedules and statement	a and to the best	of many lymps		lief it is			
						mation of which preparer has		Of HIS KHOW	wieuge and be	iller, it is			
Sig	ın		Reggie Signature of o	Durandisse						Da	06-01-2021		
			Ů							Da	ate		
He	re			Durandisse, C	EO								
				name and title	D		D-1-				DTIN		
D -	اء:		Print/Type preparer		Preparer's signature	Ouc	Date		Check		PTIN		
Pai			Dan Allegi		(L)	XIII W	05-27-2			nployed	P00837589		
	-	rer	Firm's name		J Allegretti				irm's EIN 🕨				
US	e O	nly	Firm's address		A Blvd Suite			F	hone no.	_			
					ach Gardens E					561-	223-3682		
May	the /	: IRS	alscuss this retu	ım with the preparer s	nown above? (see i	nstructions)					Yes X No		

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide children with high quality education, recreation, and family support services that
	foster positive physical, social, emotional, cognitive growth, and development.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
-	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$628,516 including grants of \$) (Revenue \$176,517)
	The Youth Zone ensures our kids can effectively transition from elementary to middle school.
	Programs are designed to ensure youth are meeting academic goals and they understand what is
	required of them as they enter this period of adolescence. The 21st Century Community Learning
	Center provides children, grades 2-5, academic enrichment opportunities during afterschool to
	help students meet state and local standards in core academic subjects.
4b	(Code:) (Expenses \$398,318 including grants of \$9,324) (Revenue \$)
	The Children Community Wellness Center, funded through the Palm Beach County Community Services
	Department, educates parents about child development issues and our counselors assist families
	with child development, child-rearing, family planning, violence in the home, drug and alcohol
	abuse, and other behavioral issues. The Healthy Kids, Health Families program, funded through the
	Palm Beach County Youth Services Department, provides services and activities for families to
	increase their knowledge of healthy eating habits, reduce stress through mindfulness and
	meditation, and increase awareness of health risks linked to obesity.
4c	(Code:) (Expenses \$318,859 including grants of \$) (Revenue \$)
	The Teen Zone serves youth ages 10-18 and offers daily homework assistance, small group tutoring
	in reading, math, FCAT, ACT/SAT PREP, teen council/leadership development, and organized
	instructional programs for physical activities, academic and arts programs, and activities such
	as game playing, socializing, and outdoor play.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 124,570 including grants of \$) (Revenue \$ 65,757)
4e	Total program service expenses ► 1,470,263
	·

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		37
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		х
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		Х
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Λ
·	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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 VIII	11c		Х
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 IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40L		
10	"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 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ı+a		Х
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	~		
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Par	t IV Checklist of Required Schedules (continued)			5-
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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		ĺ
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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		^
20				ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		
00	persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			ĺ
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ĺ
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			ĺ
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		ĺ
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	-00		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		Х
38		20		ĺ
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
	Establis and a superior de Barro of Establish and St. 1997.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Form 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			

1c

reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) For The Children Inc. 65-0950530 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: 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?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
A	required to file Form 8282?	7c		Х
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
e f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums of a personal benefit contract?	-		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		Λ
•	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		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	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			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes." complete Form 4720. Schedule. O.			

Form 990 (2020) For The Children Inc. Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	x x	
12a b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c	x x	
b 12a b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12a 12b 12c 13	x x x	
b 12a b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12a 12b 12c	x x	
b 12a b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12a 12b 12c 13	x x x	
b 12a b c 13 14	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	12a 12b 12c 13 14	x x x x	
b 12a b c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	12a 12b 12c 13 14	x x x x	
b 12a b c 13 14	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12a 12b 12c 13 14	x x x x	
b 112a b c 113 114 115	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12a 12b 12c 13 14	x x x x	
b 12a b c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12a 12b 12c 13 14 15a 15b	x x x x	y
b 12a b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12a 12b 12c 13 14	x x x x	x
b 12a b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	12a 12b 12c 13 14 15a 15b	x x x x	x
b 12a b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12a 12b 12c 13 14 15a 15b	x x x x	
b 12a b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12a 12b 12c 13 14 15a 15b	x x x x	x
b 12a b c 13 14 15 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12a 12b 12c 13 14 15a 15b	x x x x	
b 112a b c 113 114 115 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12a 12b 12c 13 14 15a 15b	x x x x	
b 112a b c 113 114 115 a b 116a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12a 12b 12c 13 14 15a 15b	x x x x	
b 112a b c 113 114 115 a b 116a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? **tion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	12a 12b 12c 13 14 15a 15b	x x x x	
b 112a b c 113 114 115 a b 116a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? **tion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	12a 12b 12c 13 14 15a 15b	x x x x	
b 12a b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b	x x x x	
b 12a b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	x x x x	

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.

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

Check this box if neither the organization nor any relat	ed organizat	ion co	mpen	sate	ed a	ny current	officer, director, or	trustee.	
		(C) Position							
(A)	(B)	(do i	not che			nan one	(D)	(E)	(F)
Name and title	Average	box	, unless	pers	son is	both an	Reportable	Reportable	Estimated amount
	hours per week	offic	er and	a dire	ector	/trustee)	compensation from the	compensation from related	of other compensation
	(list any				4		organization	organizations	from the
	hours for	ndiv or dir	nstit	Officer	(ey	Highes	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ecto	ution	PP	dme	est c			related organizations
	organizations	Individual trustee or director	ial tri		Key employee) ome			
	below dotted line)	stee	Institutional trustee		, 0	Highest compensated employee			
	dotted line)		0			ated			
				7					
(1) Reginale Durandisse	40.00								
CEO		х		x			104,177	0	0
(2) Rev. Floyd Narcisse	1.00)					
Director		х					0	0	0
(3) Ted Brownstein	1.00								
Treasurer		х		x			0	0	0
(4) Carmelle Marcelin-Chapman	1.00								
Secretary		Х		x			0	0	0
(5) Lana St. Hillaire	1.00								
Board Chair		Х		x			0	0	0
(6) Chad Carpenter	1.00								
Vice Chair		Х		x			0	0	0
(7)									
(8)									
(9)									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>				1					
<u>(14)</u>									

	(A) Name and title	(B) Average hours per week	box,	unles	Po eck m	rson is	han one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	co	(F) Estimated am of other compensat		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga	rom the inization d organiz		
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)								1						
(21)														
(22)														
<u>(23)</u>				7										
(24)														
(25)														
1b	Subtotal						• • •	· •						
C	Total from continuation sheets to Part VII, Sect							-	104 155					
d 2	Total (add lines 1b and 1c)								104,177 ore than \$100,000	of 0			0	
_	reportable compensation from the organization		.0.0 4		,								1	
												Yes	No	
3	Did the organization list any former officer, direct		-				-							
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of re										3		Х	
•	organization and related organizations greater th		•					•						
	individual										. 4		x	
5	Did any person listed on line 1a receive or accrue			-			_				_			
Socti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Schea	lule .	J for	suc	h pers	on		· · · · · · · · ·	5		<u>x</u>	
1	Complete this table for your five highest compensa	ted independ	lent co	ntrac	ctors	s tha	t receiv	ved	more than \$100.00	10 of				
•	compensation from the organization. Report comp													
	(A)						Ĭ		(B)		(C)			
	Name and business address	SS							Description of service	es	Compen	sation		
-														
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				sted a	above)) wh	0					

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

65-0950530

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	da	1,445,420	242,274		sections 512–514
Program Service Revenue	g	All other program service revenue		242,274			
	b	Investment income (including dividends, interest other similar amounts)	oceeds	5,538			5,538
evenue	d 7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
Other Reven	8a b c 9a b	Less: direct expenses	8a 8b > 9a 9b				
	10a b	Gross sales of inventory, less returns and allowances	10a 10b				
Miscellanous Revenue	b b			751	751		
Ξ		Total. Add lines 11a-11d		751			
	•	Total revenue. See instructions		1,693,983	243,025	0	5,538

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 49,828 49,828 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, 104,176 17,710 83,341 3,125 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 7 848,720 867,795 19,075 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 14,615 9,636 4,979 10 73,217 70,133 2,845 239 11 Fees for services (nonemployees): b Legal....... d Professional fundraising services. See Part IV, line 17 . f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,222 86,890 84,668 12 Advertising and promotion Office expenses 13 5,552 5,489 63 14 Information technology 15 16 31,308 31,308 17 7,154 7,154 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 25,440 25,307 133 23 55,746 53,467 2,279 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Food Service 50,447 652 49,795 Program Supplies 56,013 54,227 1,786 6,420 6,070 350 C Sponsored Events/Activities d Building Maintenance 35,563 27,378 8,185 All other expenses е 67,139 63,742 3,397 Total functional expenses. Add lines 1 through 24e. . 25 1,537,303 1,470,263 63,676 3,364 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if

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

Part X Balance Sheet

· ui	- / \	Check if Schedule O contains a response or note to any line in this Part X			
		·	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	755,262	1	775,327
	2	Savings and temporary cash investments	358,565	2	847,703
	3	Pledges and grants receivable, net	331,407	3	197,277
	4	Accounts receivable, net	18,196	4	7,833
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	17,520	9	21,387
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 477,616			
	b	Less: accumulated depreciation 10b 400,410	102,646	10c	77,206
	11	Investments - publicly traded securities		11	
	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 33)	1,583,596	16	1,926,733
	17	Accounts payable and accrued expenses	29,344	17	30,334
	18	Grants payable		18	
	19	Deferred revenue	8,333	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 any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	193,800
	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	37,677	26	224,134
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
JCe	27	Net assets without donor restrictions	1,494,169	27	1,543,065
alaı	28	Net assets with donor restrictions	51,750	28	159,534
d B		Organizations that do not follow FASB ASC 958, check here			
-un		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,545,919	32	1,702,599
	33	Total liabilities and net assets/fund balances	1,583,596	33	1,926,733
EEA					Form 990 (2020)

orm 990 (2020)	For The Children Inc.	65-0950530	Page 12
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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,	693,	983
2	Total expenses (must equal Part IX, column (A), line 25)		1,	537,	303
3	Revenue less expenses. Subtract line 2 from line 1			156,	680
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,	545,	919
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		1,	702,	599
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			. 🗌
		_		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?	[2 a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	[2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	[2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2020)

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

For	Tn	e Children Inc.					65-0950530	J	
Pa	rt I	Reason for Public Charity	/ Status. (All o	rganizations must o	omplete	this par	t.) See instructions	S.	
The	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	П	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990 or 990-EZ).)							
3	H	A hospital or a cooperative hospital s		,	,	•			
4	H	A medical research organization ope	-				(1)(A)(iii) Entar tha		
4	Ш	•	rated in conjunctio	iii wilii a nospilai descho	eu III Seci	1011 170(D)	(I)(A)(III). LITTEL THE		
_		hospital's name, city, and state:	f;				talit alaa asib a al is		
5	Ш	An organization operated for the bene		university owned or opera	ated by a g	governmen	tal unit described in		
_		section 170(b)(1)(A)(iv). (Complete							
6	Ц	A federal, state, or local government	J		` , ` ,	. ,. ,			
7	X	An organization that normally receives			ernmental	unit or from	m the general public		
		described in section 170(b)(1)(A)(vi	. (Complete Part I	l.)					
8	Ш	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9		An agricultural research organization	described in secti	i on 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	je	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or		
		university:							
10		An organization that normally receives	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross		
		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 but	siness taxable income (le	ess section	n 511 tax) f	rom businesses		
		acquired by the organization after Jun	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)			
11		An organization organized and opera	ted exclusively to	test for public safety. Se	e section	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 purposes	;	
		of one or more publicly supported or	anizations describ	ned in section 509(a)(1)	or sectio	1 509(a)(2)	See section 509(a)(3).	
		Check the box in lines 12a through 12	d that describes th	ne type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 12	2g.	
	а	Type I. A supporting organization				•		•	
		the supported organization(s) the				-		•	
		supporting organization. You mu							
	b	Type II. A supporting organizatio			ith its supr	orted orga	nization(s), by having		
	-	control or management of the sup				•	. ,		
		organization(s). You must comp			ioono triat	00111101 01 1	nanago ino capportoa		
	С	Type III functionally integrated			nection w	ith and fu	nctionally integrated wi	th	
	·	its supported organization(s) (see						u i,	
	d	Type III non-functionally integr						0(c)	
	u	that is not functionally integrated.		, ,				11(5)	
		,				•	it and an attentiveness		
	_	requirement (see instructions). Y					Tuna II Tuna III		
	е	Check this box if the organization				sa Type I,	rype II, Type III		
		functionally integrated, or Type III		ntegrated supporting orga	anization.				
	f	Enter the number of supported organi						• • • •	
	g	Provide the following information about							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the c	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))	docum	0 0	instructions)	instructions)	
						T			
					Yes	No			
(A)									
(B)									
,									
(C)									
(•,									
(D)									
. ,									
(E)									
Tota									

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.)

Sec	ction A. Public Support			•	•		
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	578,107	602,554	669,984	1,243,297	1,445,420	4,539,362
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	159,000	159,000	187,900	244,680	172,727	923,307
4	Total. Add lines 1 through 3	737,107	761,554			1,618,147	5,462,669
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)						474,418
6	Public support. Subtract line 5 from line 4						4,988,251
	ction B. Total Support						1,000,201
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	737,107	761,554	857,884		1,618,147	5,462,669
8	Gross income from interest, dividends,	,207	, , , , ,	33,703.	2, 23. 73.7	,,,	2,22,000
Ĭ	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,004	1,130	4,616	3,889	5,538	16,177
9	Net income from unrelated business	1,001	1,130	1,010	3,003	3,330	10/1//
Ŭ	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or	7 4					<u> </u>
. •	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10.						5,478,846
	Gross receipts from related activities, etc. (se	ee instructions)				12	1,938,147
	First five years. If the Form 990 is for the or						
.5	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor			• • • • • • •	• • • • • • •	· · · · · · · ·	
	Public support percentage for 2020 (line 6, c			column (f))		14	91.05 %
	Public support percentage from 2019 Sched					15	90.27 %
	33 1/3% support test - 2020. If the organiza						
. J a	box and stop here. The organization qualifie						
h	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•		-			
. <i></i> u	10% or more, and if the organization meets t	_					
	Part VI how the organization meets the facts						
	organization			-	-		
h	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			-	-		
18	Private foundation. If the organization did n						
	instructions						
							

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	etion B. Total Support			A	1		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	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						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	second third	fourth or fifth	tax vear as a s	ection 501(c)(3	3)
	organization, check this box and stop here				-		•
Sec	etion C. Computation of Public Support			<u> </u>			· · · · · <u> </u>
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched		•			16	%
	ction D. Computation of Investment In			·	•	'	
	Investment income percentage for 2020 (line			ine 13, column	(f))	17	%
	Investment income percentage from 2019 So					18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	-	-			

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Part IV Suppo

Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	_		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	•		
	0		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
	10b		
A /-			

Par	t IV Supporting Organizations (continued)			9-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
0	supervised, or controlled the supporting organization.	2		
Sec.	tion C. Type II Supporting Organizations		V	NI.
4	Were a majority of the arganization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	men 217 m Type m cupper mig organizatione		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions).
а				
b		, .		
_	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ir		
2			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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	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. <i>Answer lines 3a and 3b below.</i>	,		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	0330 rage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organiz			
Sec	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		,	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	etion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

EEA

Schedu	le A (Form 990 or 990-EZ) 2020 For The Children Inc.				0530 Pag	е 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continue	ed)		
Sec	tion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		_
2	Amounts paid to perform activity that directly furthers exempt			.		—
_	organizations, in excess of income from activity	r parposes or supported		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	3		_
4	Amounts paid to acquire exempt-use assets			4		_
5	Qualified set-aside amounts (prior IRS approval required) - p	provide details in Part VI)		5		_
6	Other distributions (describe in Part VI). See instructions.	<u> </u>		6		_
7	Total annual distributions. Add lines 1 through 6.			7		_
8	Distributions to attentive supported organizations to which th	e organization is respons	sive			_
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		_
10	Line 8 amount divided by line 9 amount			10		
	•	<i>(</i>)	(ii)		(iii)	_
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2020	ons	Distributable Amount for 2020)
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
	From 2019					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from					
	Section D, line 7:					
	Applied to underdistributions of prior years	,				
	Applied to 2020 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					

b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

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

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.

Internal Revenue Service

Name of the organization

Department of the Treasury

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

2020

OMB No. 1545-0047

Inspection

Open to Public

Name	of the organization		Employer identification number
For	The Children Inc.		65-0950530
Pa	t I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on		
		(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 w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati	_	
6	Did the organization inform all grantees, donors, and donor ad	_	
•	only for charitable purposes and not for the benefit of the dono		•
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Treservation o	a definited filstoffe structure
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year.	Conservation continuation in the form of a co	
2	· · · · · · · · · · · · · · · · · · ·		Held at the End of the Tax Year 2a
a b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure.		
c d			20
u	Number of conservation easements included in (c) acquired a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
3		ased, extinguished, or terminated by the org	garlization during the
4	tax year ► Number of states where property subject to conservation ease	ment is located.	
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
U	Starr and volunteer flours devoted to fill intolling, inspecting, fla	nulling of violations, and emorcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ag of violations, and enforcing conservation	accoments during the year
′	Amount of expenses incurred in monitoring, inspecting, narround • \$	ig of violations, and emorcing conservation (easements during the year
8	Does each conservation easement reported on line 2(d) above	a action, the requirements of acction 170/b)/	4)/P)/;)
0	and section 170(h)(4)(B)(ii)?		
•	In Part XIII, describe how the organization reports conservation		
9		•	
	balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	e to the organization's illiancial statements ti	lat describes trie
Pai	t III Organizations Maintaining Collections	of Art Historical Treasures or C	Other Similar Assets
ı a	Complete if the organization answered "Yes" of		otilei Olilliai Assets.
1a	If the organization elected, as permitted under FASB ASC 958		palance sheet works
ıa	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finan		rance of public
h	•		nee shoot works of
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	zambinon, education, or research in futfierar	ice of public service,
	provide the following amounts relating to these items:		▶ ¢
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	_	in, provide the
_	following amounts required to be reported under FASB ASC 9	<u> </u>	. •
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		- D

3	Using the organization's acquisition, accession, and	other records, checl	k any of	the follo	wing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d 📗	Loan c	or exchange	. •				
b	Scholarly research		е	Other						i.
С	Preservation for future generations									
4	Provide a description of the organization's collection	s and explain how t	hey furth	er the o	rganization's	s exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or receive	e donations of art, h	istorical	treasure	es, or other s	similar				
	assets to be sold to raise funds rather than to be ma		the orgar	nization'	s collection?	<u> </u>		. <u> </u>	s 🗌	No
Pa	rt IV Escrow and Custodial Arrangem									
	Complete if the organization answers 990, Part X, line 21.	ered "Yes" on F	Form 99	90, Pa	rt IV, line	9, or re	eported an am	nount on I	-orm	
1a	Is the organization an agent, trustee, custodian or oth									
								🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII and cor	mplete the following	table:							
							A	mount		
С	Beginning balance						;			
d	Additions during the year					10	I			
е	Distributions during the year)			
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form 990	, Part X, line 21, for	escrow	or custo	odial account	t liability?	?	Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explanat	tion has b	een pro	ovided on Pa	art XIII	<u> </u>		. 🗌	
Pa	rt V Endowment Funds.									
	Complete if the organization answer	ered "Yes" on F	orm 99	90, Pa	rt IV, line	10.				
	(a)	Current year	(b) Prior ye	ar	(c) Two years	s back	(d) Three years bac	k (e) Fou	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and			(
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year	end balance (line 1	1g, colum	nn (a)) h	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ► %									
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should equa	al 100%.								
3a	Are there endowment funds not in the possession of	f the organization th	at are he	eld and	administered	I for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizations li	sted as required on	Schedul	e R?.						
4	Describe in Part XIII the intended uses of the organi									I
Pa	rt VI Land, Buildings, and Equipment									
	Complete if the organization answer		orm 99	90, Pa	rt IV, line	11a. S	ee Form 990,	Part X, li	ne 10).
	Description of property	(a) Cost or other basis			other basis		Accumulated	(d) Boo		
		(investment)	'	•	other)	` '	epreciation	, ,		
1a	Land				16,775				16,	775
b	Buildings				13,617				13,0	
C	Leasehold improvements			1	13,017		128,828			598
d	Equipment				L24,223		121,257			966
e	Other				191,575		150,325		41,	
	I. Add lines 1a through 1e. (Column (d) must equal I	Form 990 Part X o	column (I						77,	
	mioo ra amoagii ro. (Ooiaiiii (a) masi eyaari	5.1.1. 550, 1 art A, 6	Janin (L	-,,					<u>,,,,</u>	

Fait VII	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
` ,	eld equity interests		
(3) Other	, ,		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	. ▶	
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(1)	(a) Description		(b) book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶
Part X	Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
	line 25.		
1.		Book value	
(1) Federal i	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶		
-	uncertain tax positions. In Part XIII, provide the text of the footr	-	
organization's	liability for uncertain tax positions under FASB ASC 740. Chec	k here if the text of the footnot	e has been provided in Part XIII

Page 4

Pa	Reconciliation of Revenue per Audited Financial Stater			r Retur	n.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements $\ \ldots \ \ldots$.			1	1,866,710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a		_	
b	Donated services and use of facilities	2b	172,727	-	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
е	Add lines 2a through 2d			2e	172,727
3	Subtract line 2e from line 1			3	1,693,983
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b		4.	
C	Add lines 4a and 4b			4c 5	1 602 002
5 P a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State				1,693,983
Га	Complete if the organization answered "Yes" on Form 990			per ive	turri.
1	Total expenses and losses per audited financial statements			1	1,710,030
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	1,710,030
a	Donated services and use of facilities	2a	172,727		
b	Prior year adjustments	2b	1/2,/2/	-	
C	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d	=		2e	172,727
3	Subtract line 2e from line 1			3	1,537,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		-	
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,537,303
Pa	t XIII Supplemental Information.			<u>'</u>	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			Part X, line	9
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additio	onal information.		

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2020

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

	e Children Inc.						65-095	
Part I	Fundraising Activities	•	-		wered "Yes" on	Form 990), Part IV,	line 17.
	Form 990-EZ filers are no	•						
	icate whether the organization rais	sed funds through a	·	-				
	Mail solicitations				f non-government g			
=	Internet and email solicitations				f government grants			
	Phone solicitations		g ∐ 🤄	Special fundi	raising events			
_	In-person solicitations							
	the organization have a written or							
	key employees listed in Form 990,				=		∐ Ye	_
	Yes," list the 10 highest paid individ		ndraisers) pi	ursuant to ag	reements under wh	ich the fundi	aiser is to be	
COI	npensated at least \$5,000 by the o	nganization.						
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(or reta	unt paid to ained by) er listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		со	l. (i)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								
otal				>				
3 List	all states in which the organization	is registered or lice	ensed to soli	cit contributi	ons or has been no	tified it is exe	empt from	
regi	stration or licensing.							
								_
·								

Pa	rt II		_			· · · · · · · · · · · · · · · · · · ·
		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than	\$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total aventa
			(a) 210.11 m	(2) = 10.11	(c) called crosses	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
en						
Revenue	1	Gross receipts				
Ř	2	Less: Contributions				
	3	Gross income (line 1 minus				
	,	line 2)				
	4	Cash prizes				
	5	Noncash prizes				
	3	Noncasti prizes				
es	6	Rent/facility costs				
sua						
Ä	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses				
	40	Discolar and Add Face	A through O're achieve (d)			
	10 11	Direct expense summary. Add lines Net income summary. Subtract line				
Pa	rt II	I Gaming. Complete if the c	rganization answered "	Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	~			
ъ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		coi. (a) tillough coi. (c))
— Re	1	Gross revenue				
	_					
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Ä						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	,	Other direct experises	☐ Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	□ No		
	7	Direct expense summary. Add lines	2 through 5 in column (d)	• • • • • • • • • • • • • • • • • • • •		
	8	Net gaming income summary. Subt	ract line 7 from line 1, colur	nn (d)		
		The gaming meetic carimaly. Cas		(a) 1111111		
9		ter the state(s) in which the organizat				
a		the organization licensed to conduct o				Yes No
t) IT "	No," explain:				
10a		ere any of the organization's gaming l	icenses revoked, suspende	ed, or terminated during the	tax year?	🗌 Yes 🗌 No
		Vaa II assalatas				
b	lf "	Yes," explain:				

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Employer identification number

Open to Public Inspection

For Th	e Children Inc.						65-0950530	
Part I	General Information on (Grants and Assis	stance					
1 Do	es the organization maintain records to	substantiate the amou	unt of the grants or assist	tance, the grantees' eli	gibility for the grants or	assistance, and		
the	selection criteria used to award the gr	ants or assistance?						. X Yes N
	scribe in Part IV the organization's pro							
Part II	Grants and Other Assistan	ce to Domestic Org	ganizations and Don	nestic Governmer	nts. Complete if the o	organization answered	"Yes" on Form 990),
	Part IV, line 21, for any recipi	ent that received me	ore than \$5,000. Part	Il can be duplicate	d if additional space	is needed.		
1 (a)) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1)		4 6						
(2)								
(3)								
(4)								
(5)								
(6)	X							
(7)								
(8)								
(9)								
(10)								
2 Fn:	ter total number of section 501(c)(3) ar	d anvernment organiza	ations listed in the line 1	⊥ table		I	L	I
	tor total number of other organizations	•						

EEA Schedule I (Form 990) (2020)

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► 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.

OMB No. 1545-0047 2020

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. Name of the organization Employer identification number

Open To Public Inspection

For The	Children Inc.								65-0	9505	30				
Part I	Excess Benefit		,			. , . , .		•)(29)	organ	izatio		• /		
	Complete if the o	organization ar	nswered "Yes"	on For	m 990,	Part IV, li	ine 25a	or 25b, or	Form	990-E	EZ, Pa	art V,	line 4	0b.	
1 (a	Name of disqualified perso	n	(b) Relationship betw			son and		(c) Des	cription of	of transa	ction			(d) Corr	
			org	ganization				.,						Yes	No
(1)															
(')															
(2)															
(3)		11 4			1.6.										
	the amount of tax incomes section 4958	-	_				-	-			. 0	:			
	the amount of tax, if a										▶ \$	<u>}</u>			
	,	, ,	•												
Part II	Loans to and/or														
	Complete if the o							38a or Forn	n 990,	Part	IV, lin	e 26;	or if t	he	
									. 7						
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan	. ,	an to or n the	(e) Ori		(f) Balance	due	(g) In c	default?	by bo	proved ard or	(i) Wr agreer	
				organi	zation?				4			comm	nittee?		
				То	From					Yes	No	Yes	No	Yes	No
							\mathbf{L}								
(1)															
(2)															
_(=)															
(3)															
(4)															
(5)															
Total							. • 9	\$							
Part III	Grants or Assi	stance Benef	iting Intereste	d Pers	ons.										
	Complete if the	organization a	nswered "Yes"	on Fo	rm 990	, Part IV,	line 27.								
(a) Nar	me of interested person		ip between interested	(c)	Amount o	f assistance	(0	d) Type of assist	ance		(е) Purpos	se of ass	istance	
		person ar	nd the organization												
(1)															
(2)															
(3)															
(5)															
(4)															

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
				Yes	No
	FAMILY MEMBER OF				
(1) Christina Decime	CEO	37,948	Employee wages		Х
(2)					
(3)					
(4)					
(5)					
Part V Supplemental Information				l	
	tion for responses to questions	on Schedule L (se	ee instructions).		
		•			
	A 0	U	· · · · · · · · · · · · · · · · · · ·		
	M				
,	*				

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **Noncash Contributions**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

	The Children Inc.			65-095	<u> 1530 </u>			
Part	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor			
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							
19	Food inventory	X	130	26,536	fair mark	cet v	alue	1
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()	<u> </u>						
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received by the	-		tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece	-						
	28, that it must hold for at least three year			d which isn't required				
	to be used for exempt purposes for the	-	period?			30a		
b	If "Yes," describe the arrangement in Pa	rt II.						
31	Does the organization have a gift accept	ance policy t	hat requires the review of any n	nonstandard				
	contributions?					31		
32a	Does the organization hire or use third p		•					
						32a		
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount	nt in column	(c) for a type of property for whi	ich column (a) is checked,				
	describe in Part II.							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer identification number

65-0950530 For The Children Inc. 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. etc, available to public (Part VI, line 19) 05. Governing documents, All governing documents are maintained on file and available upon request.

Statement of Program Service Accomplishments

2020

PG01

Statement #4

Name(s) as shown on return

Your Social Security Number

For The Children Inc.

65-0950530

Form 990-Part III(a)

Statement of Service Accomplishment

Program Service Code

Program Service Expenses

\$124570

Grants and allocations included in above expense

\$0

Program Services Revenue

\$65757

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, nurturing environment.



990 Overflow Statement	2020 Page 1
Name(s) as shown on return	FEIN
For The Children Inc.	65-0950530

All Other Expenses (Program Service)

Description	Amount
Communications & Utilities	\$ 39,981
Printing & Supplies	1,485
Dues & Subscriptions	2,562
Background Checks	8,925
Training & Development	5,509
Equipment Rental	4,413
Miscellaneous	484
Bank Fees	383
Total:	\$ <u>63,742</u>

All Other Expenses (Management & General)

Description		Amount
Communications & Utilities		\$ 2,086
Printing & Supplies		13
Dues & Subscriptions		541
Training & Development		435
Miscellaneous		7
Bank Fees		315
	Total:	\$3,397