èom **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

		A	For the	2015 cale	ndar year, or tax year beginning July 1 , 2015, and endi	na Ju	ne 30	, 20 16	
					C Name of organization Childrens Place, Inc	ng		identification n	umber
				applicable					
			Address	-	Doing business as			31-101520 O	
		\sqcup	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	uite	E Telephone		
		\sqcup	Initial ret	um	625 Richmond Street		(:	304)525-8586	
			Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		l		
			Amende	d return	Huntington, WV 25702	_	G Gross rec	eipts \$	503,381
			Applicati	on pending	F Name and address of principal officer Gretchen Palmer, Interim Director	H(a) is this a	group return for sui	bordinates? 🔲 Yes	. ✓ No
					625 Richmond Street, Huntington, WV 25702	H(b) Are all	subordinates i	ncluded? 🔲 Yes	. □ No
	_		Tax-exer	npt status	✓ 501(c)(3) ☐ 501(c) (st (see instruction	
C	3		Website		w childrensplacewy com	H(c) Groun	exemption n	umber ▶	
•					✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma			f legal domicile	wv
	11		art I			1701	IN State 0	riegai domicile	
				Summ		orda Carly I	oorning Cor	vices to envi	uho cook
		4	1	-	escribe the organization's mission or most significant activities: To pro-	ovide Early L	earning Ser	vices to arry w	no seek
		Activities & Governance		regardles	s of ability to pay.				
		Ē			····				
		Ş.	1		is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more that	n 25,% of _i it:	s net assets.	
		ၓ္ဗ	3	Number	of voting members of the governing body (Part VI, line 1a)		3		9
		-త	4	Number	of independent voting members of the governing body (Part VI, line 1b)	. 4		9
		ţį	5	Total nur	nber of individuals employed in calendar year 2015 (Part V, line 2a)		. 5		33
		ΞΞ	6	Total nur	nber of volunteers (estimate if necessary)		. 6		8
		Act	l l		elated business revenue from Part VIII, column (C), line 12		7a		0
			1		ated business taxable income from Form 990-T, line 34		7b		0
		_		-101 41110	acod basiness taxable intomic from your ede 1,1 mile 5.	Prior Y		Current Yo	
			8	Contribu	tions and grants (Part VIII, line 1h)		185,382		166,041
	7 2017	Revenue					274,795		320,727
		ě	1	_	service revenue (Part VIII, line 2g)		0		0
		æ	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)				
			1		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,199		12,639
			12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		466,376		499,407
	GN)		13		nd similar amounts paid (Part IX, column (A), lines 1-3)		0		0
	JUN	ς.	14		paid to or for members (Part IX, column (A), line 4)		0		0
	=		15	Salaries,	other compensation, employee benefits (Part X, Column (A) lines 5-10)		389,272		389,687
		Expenses	16a	Profession	onal fundraising fees (Part IX, column (A) line Fre		0		0
	S W	be	b	Total fun	draising expenses (Part IX) column (D), line 25)		. 8	-de.2"	× i
V	~2	Ω	17	Other ex	nenses (Part IX column (A) Glines 11 ax 1 ft (1 14-24e)		105,323		111,200
7	€		18	Total exp	penses. Add lines 13–17 (miss equal Part IX, column-(A), line 25)		494,484		500,887
•	₽		19	Revenue	less expenses. Subtract line 18-from line 12.		(28,108)		(1,480)
	JON 22 2012 SCANNED	_ s	+	110101140	OCO SAPORIOCO. OCO SAR O TO T	Beginning of C		End of Ye	
	뒭	ssets or salances	20	Total acc	ets (Part X, line 16)		111,252		100,686
	~	\sse Bak	20						-
	O	Net As Fund B	21		ulities (Part X, line 26)		52,599		43,513
	ငာ				ts or fund balances. Subtract line 21 from line 20		58,653		57,173
	1)	_	art II		ture Block				
	ော				ry, I declare that I have examined this return, including accompanying schedules and state			/knowledge and	l belief, it is
	112 hJ	ıru	e, correct	t, and comp	ete Declaration of preparer (other than officer) is based on all information of which prepare	er nas any know			
	N			 	Statch & Yalin		4-20	0-17	
	.∵ -:3	Sig	gn	Sign	ature of officer	D.	ate	•	
		He	re		DIRECTOR GRETCHEN B. HALME	/と			
	9			Тур	or print name and title				
		Pa	id.	Print/Ty	pe preparer's name Preparer's signature C	Date	Check v) If PTIN	
				Mark A	Morgan III	1/20/17	self-emple		13255
			epare	· ·	1/1 / C		m's EIN ▶		
	6	US	e Onl	у ——	ddress ► 104 Meadow Creek; Barboursville, WV 25504		one no	304-634-10	40
	260	Ma	v the IF		s this return with the preparer shown above? (see instructions) .				s 🗌 No
	0	_				No 11282Y	<u> </u>		990 (2015)
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Form 990 (2015)

Page 2

art	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	>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	
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		~
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		v
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		
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		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			4
а	Did the organization report an amount for land, buildings, and equipment in Part X, fine 10? If "Yes," complete Schedule D, Part VI	11a		
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		~
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		~
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		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	L	v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI and XII	12a		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	V	
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
-	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		,
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		v
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		v
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		~
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	>	
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		~

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	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		V
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		~
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		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	}	~
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		٧
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	2 5b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or)		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		v
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):			- 125
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	130		<u> </u>
•	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	~
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		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1	
	or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	}	~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	T	t —	<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	~	

Form **990** (2015)

<u>Part</u>	V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
_		!	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	4 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			~
0-	reportable gaming (gambling) winnings to prize winners?	1c		
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 33	d!		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		 -
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}		
	account)?	4a		1
b	If "Yes," enter the name of the foreign country		-	jj.
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	8 . 3		
	(FBAR).	* *	M	A
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	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		~
ь	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).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sonuces proyuded to the payor?	<u> </u>		
	and services provided to the payor?	7a	~	
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-	
Ŭ	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>), c</u>	5%	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	3. s.	المدائد المدائد
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	۔ ۔ کک		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
a	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 . 10b	4		
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a 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 12b			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
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]		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		l_

Covermance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Not response to lines 2 through 7b below, and for a "Not response to line 8a, 8b or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check If Schedule O contains a response or note to any line in this Part VI Covering Body and Management	LOIIII 22				raye o
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. 1 If there are material differences in voting rights among members of the governing body, or if the poverning body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 2 Did any officer, director, trustee, or key employee the variety of the poverning body of the programation delegate control over management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employee? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Ave any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Early of the organization have written policies and procedures governing the activities of such chalters. 12 Each committee with authority to act on behalf of the governing body? 13 Each committee with authority to act on behalf of the governing body? 14 Each committee with authority to act on behalf of the governing body behalf inglified to the organization have written policies and procedures governi	Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	truct	
a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent of the program of officers, director, frustees, or key employee a family relationship or a business relationship with any other officer, director, frustees, or key employee the program of the program of the first supervision of officers, directors, or trustees, or key employee to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's a sassta? 5 Did the organization become aware during the year of a significant diversion of the organization's assasta? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the powering body? 9 Let be a supervision of the powering body? 9 Let be a supervision of the powering body? 10 Let be organization contemporaneously document the meetings held or written actions undertaken during the year by the following 11 The governing body? 12 Let be a supervision of the power of the			• •	• •	<u>. ப</u>
It here are nateral differences in voting rights among members of the governing body, or if the governing body degleated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b	Section	on A. Governing Body and Management		Voc	No
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent by the internal property of the original property o	4-	Takan the annual and of output are annual and of the consumers have a taken and of the tay year.		162	110
the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1. b Charlottee, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management outpain or or their person? d 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? d Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? d Did the organization make any significant diversion of the organization's assest 5. d Did the organization have members or stockholders? d Did the organization have members or stockholders? D Did the organization have members or stockholders? A ready governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body behalf of 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? Ves. No. D Bod the organization have vertice policies have organization's exempt purposes? I h "Yes," did the organization have written policies and procedures governing body before filing the form? D Bod the organization have a written policies and procedures governing body before filing the form? D B	та				
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Did the organization have a written whistleblower policy?	С				
Did the organization have a written document retention and destruction policy?	4.0			· -	
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 Diff "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). If a 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? Section C. Disclosure Its the states with which a copy of this Form 990 is required to be filed W Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Dupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.					1/
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official			14	- /	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization				ĺ	
b Other officers or key employees of the organization	а		15a	~	1
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?	_				~
with a taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a				ļ
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?			16a		~
organization's exempt status with respect to such arrangements?	b			ļ	
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ WV 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. □ Own website ☑ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶					ļ
 List the states with which a copy of this Form 990 is required to be filed ► WV Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► 	Cook		16b	<u> </u>	l
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► 					_
 available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► 			501	(c)(3)	only
 Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► 	.0		. 5511	-,(-,	- J. 11.y
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ 					
financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	19		erest	polic	y, and
					-
Director, 023 Kichinoha Sireet, mahandion, WV 23/02 (304)323-6360	20	State the name, address, and telephone number of the person who possesses the organization's books and re Director, 625 Richmond Street, Huntington, WV 25702 (304)525-8586	cords	:►	

Page	7

Form	990	(201	5)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

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

☐ Check this box if neither the organization no	r any related	d org	aniz	atıo	n c	ompe	nsa	ited any curren	t officer, director	, or trustee
		(C)								
(A)	(B)	Position (do not check more than one			ne	(D)	(E)	(F)		
Name and Title	Average	box,	box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week (list any		1			or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	emp Hgh	Former	the	organizations	compensation
	related organizations	rect	tutio	ĕ	뺽	est c	тeг	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted line)	2 2	nal t		loye	m XX				and related organizations
	inie)	stee	rust		ē	ens	l			organizations
		_	ее			Highest compensated employee				
(4) 0 David										
(1) Cassey Bowden President	3	,		,					o	0
(2) Mark Morgan	2	_	-		-		-	 		
Vice-President	· · · · · · · · · · · · · · · · · · ·	,		,					o	0
(3) Pat Hooten	5	- <u>`</u> -		 			-	<u> </u>	<u> </u>	
Treasurer	ļ	·	1	1	1		1	0	o	0
(4) Christine King	1		<u> </u>				T			
Secretary		1		~				lo	o	0
(5) Shiela Brownfield	1									
Director		·						o	o	0
(6) Samantha Thomas-Bush	1									
Director		~						0	0	0
(7) Daniel Persinger	1						1			
Director	<u> </u>	~	<u> </u>		<u> </u>		<u> </u>	0	0	0
(8) Nathan Ward	1				ļ		1	1		
Director	ļ	~	ļ	_	-	ļ	_	0	0	0
(9) Jeff Faucette	11	1								
Director	 	-					-	0	0	0
(10)	· 									
(11)										
(12)				-						
(13)										
(14)					-	 				<u> </u>

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd F	lighe	st C	ompensated E	mployees (cont	inued)		
(A) Name and title		(B) Average hours per	box,	Position (do not check more than box, unless person is bot officer and a director/trus				an	Reportable compensation	(E) Reportable compensation from	n an	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org and	other pensati om the anizatic frelate inizatio	on d
(15)													
(16)						-							
(17)													
(18)													
(19)													
(20)								-			-		
(21)													
(22)					_								
(23)												-	
(24)													
(25)													
1b c	Sub-total					•		>	0		0		0
<u>d</u>	Total (add lines 1b and 1c)	t not limited				ted	above	e) w		·			
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	-				-	emp	oloyee, or high	nest compensa	ted 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual										the	,	_
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivic		-	~
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rej year.												tax
	(A) Name and business add	dress					_		(B) Description of s	ervices	(C Comper		
													
_ <u>2</u>	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who			
				J				_			Fo	rm 99	0 (2015)

Part \	VIII	Statement of Revenue			D-4 1/11		П
		Check if Schedule O contains a response	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
			103,506		revende		
nts	1a	Federated campaigns 1a Membership dues 1b	103,300				
Sra Dou	b	Wichibership adde					ı.
Fg -	C.	Turidialising events					E .
اَقِ قِ	d	Related organizations 1d Government grants (contributions) 1e					
Sir	e f	All other contributions, gifts, grants,					1
真真	•	and similar amounts not included above 1f	62,535				· · ·
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			1
a G	h	Total. Add lines 1a-1f	•	166,041			
			Business Code			<u> </u>	
le l	2a	Tuition	611600	220,789			<u> </u>
Re	b	Cabell County Schools - Pre-k	611600	60,283			
je Je	С	Cabell County Schools - Special Need	611600	1,440			
Ser	d	Cabell County Schools - Other	611600	11,005			
E	е	CACFP	611600	27,210			
Program Service Revenue	f	All other program service revenue.	•	320,727	1 3 7		Z1 & 4 3
ے۔_	g	Total. Add lines 2a–2f		320,727	· · · · · · · · · · · · · · · · · · ·	T	
	3	and other similar amounts)	• • • • • • • • • • • • • • • • • • •				
		Income from investment of tax-exempt bo					
	4	Royalties	>				
	5	(i) Real	(ii) Personal				
	 6a	Gross rents			3 2 4 3		
	ь				F) * i !		
	C	Rental income or (loss)			<u> </u>		1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
	d	Net rental income or (loss)	🕨		3 - 3 - 7		* * * 7 }
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other		* . *		
	b	Less cost or other basis and sales expenses		,			
	d		<u> ▶</u>				
Other Revenue	82	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
<u>ت</u> ۳		See Part IV, line 18 a	16,45	0			;
Ę	1	Less direct expenses b		5	_		
0	(Net income or (loss) from fundraising 	events . >	12,36	5		
	98	a Gross income from gaming activities See Part IV, line 19 a	1				
		b Less direct expenses b					
		c Net income or (loss) from gaming act	tivities P	<u> </u>			
	10:	a Gross sales of inventory, less returns and allowances		_			
		c Net income or (loss) from sales of in	ventory ▶ Business Code				
		Miscellaneous Revenue	611600	_	74		
	11		011000	+			
	- 1	b			 		
		d All other revenue					
		111		2	74		
	12	· • • • • • • • • • • • • • • • • • •	•	499,4	07		
							Form 990 (2015)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com-	·			mn (A).
Check if Schedule O contains a respons				<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members5 Compensation of current officers, directors,			4. 39	,
trustees, and key employees	45,500	11,375	22,750	11,375
 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 	305,502	244,402	45,825	15,275
9 Other employee benefits	8,375	2,094	4,187	2,094 1,515
10 Payroll taxes	30,310	24,248	4,547	1,313
a Management				
b Legal	160	0	160	0
d Lobbying				
Professional fundraising services. See Part IV, line 17 Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	450	450	0	0
13 Office expenses	2,119 2,027	1,520	2,119	0
15 Royalties	2,021	1,520	400	
16 Occupancy	39,670	31,736	5,950	1,984
17 Travel	1,907	0	1,907	0
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .	1 274		1 274	
20 Interest	1,374	0	1,374	0
22 Depreciation, depletion, and amortization .	16,083	16,083	0	0
23 Insurance	9,377	7,502	1,407	468
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food Cots	18,374	18,374	0	0
b Program Supplies	7,435	7,435	0	0
c Bad Debt d Program Activities	3,000 4,279	4,279	3,000	0
e All other expenses Miscellaneous	4,944	3,956	741	248
25 Total functional expenses. Add lines 1 through 24e	38,033	34,044	3,741	248
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)	500,887	373,454	94,373	33,060
	300,007	373,434	74,313	Form 990 (2015)

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . (2,446)1 4,614 2 Savings and temporary cash investments . . . 2 3 Pledges and grants receivable, net . . . 3 Accounts receivable, net 45,233 4 43,690 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . 6 Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 870 8 870 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 331,782 h Less: accumulated depreciation 10b 280,270 67,595 10c 51,512 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 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 111,252 16 100,686 17 Accounts payable and accrued expenses . . . 14,664 17 18,169 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities . 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 37,935 23 23,417 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 1,927 of Schedule D 25 26 Total liabilities. Add lines 17 through 25 52,599 26 43,513 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. 27 . 58,653 Unrestricted net assets 27 57,173 28 Temporarily restricted net assets . . . 28 Fund 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 58,653 57,173 33 Total liabilities and net assets/fund balances . . . 111,252 100,686

n	4	2
Page	- 1	_

Part	XI Reconciliation of Net Assets	***		
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u></u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		499,407
2	Total expenses (must equal Part IX, column (A), line 25)	2		500,887
3	Revenue less expenses. Subtract line 2 from line 1	3		(1,480)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		58,653
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		57,173
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		<u> </u>
			Ye	s No
1	Accounting method used to prepare the Form 990. Cash Accrual Other	alain in	10 m m	
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	Diairi III		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	
Za	If "Yes," check a box below to indicate whether the financial statements for the year were comp			-
	reviewed on a separate basis, consolidated basis, or both:	olica ol		
	Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?		2b	المستقلة تقدا
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited.	ed on a		1
	separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	a blacks' (also will be	· · · (creen y
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın	\$50	
	Schedule O			N. M
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	'
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	
			Form 99	90 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Children's Place, Inc. 31-1015200 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

	(Complete only if you checked the Part III. If the organization fails to						alify under
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4.		`%. ÿ		\$* \	4 :	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	* ************************************	\$ · . · . ·	** \$ \$ 3	10 M		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re <u></u>					▶ 🗆
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2015 (line					14	%
15	Public support percentage from 2014 Sc					15	%
16a	331/3% support test—2015. If the organi box and stop here. The organization qua	alifies as a publ	licly supported	organization			. ▶ □
b	331/3% support test—2014. If the organ check this box and stop here. The organ					15 is 33 ¹ / ₃ %	or more, . ▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "roganization	eets the "facts- facts-and-circu	and-circumsta umstances" tes	nces" test, che st The organiza	eck this box an	id <mark>stop here.</mark> E as a publicly si	Explain ın
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization in the control organization in	ition meets the neets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	is box and st	op here.
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, checl	k this box and	_

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

D	Support Schedule fo		—	A . I' . FOO(. \ /O!	
Part III	Support Schodule to	r ()raanizatione	I Jacanhad in	SACTION SUULANIZ	a
	Support Schedule 10	i Organizations	Described III	Section Socialization	

(Complete only if you checked the box on line 9 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.)

	ii iiio organization land to quamy			, ,		,	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ł				1 1	
	organization's tax-exempt purpose	}	1			}	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					<u> </u>	
4	Tax revenues levied for the						
	organization's benefit and either paid	1				1	
	to or expended on its behalf					<u> </u>	
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 .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified					[]	
	persons that exceed the greater of \$5,000		ļ]	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	1	{			[
	payments received on securities loans, rents,	1	1		•		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		ļ			1	
	section 511 taxes) from businesses		Į ļ		,)	
	acquired after June 30, 1975		ļ				
С	Add lines 10a and 10b		ļ			 	
11	Net income from unrelated business	1			•	(
	activities not included in line 10b, whether		{		1	1	
	or not the business is regularly carried on	ļ			<u> </u>		
12	Other income. Do not include gain or]	ļ ļ		1	1	
	loss from the sale of capital assets]	<u> </u>]	
40	(Explain in Part VI.)		 				
13	Total support. (Add lines 9, 10c, 11, and 12)	[[[[
14	and 12.)	L	l lo first soos	d third formats	or fifth tox ::	oor oo a cost	n 601(a)(2)
14	organization, check this box and stop he	_			•		· · · · · · · ·
Socti	on C. Computation of Public Suppo			· · · · ·	· · · · ·	_ · · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2015 (line			3 column (fl)		15	
16	Public support percentage from 2014 Sc						
	on D. Computation of Investment In				· · · · ·		
17	Investment income percentage for 2015			v line 13. colur	nn (fl)	17	%
18	Investment income percentage from 201	-		•			
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/2%, check this box						
ь	331/3% support tests - 2014. If the organization		_			-	
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		-	•			

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
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 histonic and continuing relationship, explain.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		3
С	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.	<u>→</u> 3c	<u>.</u>	8
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		**
С	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.	4c	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	* 5b	<u> </u>	23
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	* .	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	\$	>
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).	8		
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 .	9a		
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.	9b		
С	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.	9c		
10a		10a		
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.)	10a		

ı	Par	10	£

				ugo o
Part	Supporting Organizations (continued)			
			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 (b) and (c)			الا
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b	-	
C Socti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		L
secu	on b. Type I supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,	· ·	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	١.		
	controlled the organization's activities. If the organization had more than one supported organization,	. 1		· * * !
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		٠,	4.
	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	l ′	®s	25
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	200.	3.200
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	T-35.	%	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			Ä
	or management of the supporting organization was vested in the same persons that controlled or managed	1	. سين	' گشد
	the supported organization(s).	1_		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	J#	3	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1 7	3.5 W	
	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?		. السا	
_		1	4	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	
	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	28.	Myson
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	1	7/**	127.4 127.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	200	, :	
	supported organizations played in this regard	3	<u> </u>	
Sacti	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>	L	
			<u></u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	CUON	S):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			<u> </u>
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ļ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	L_	L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or]	ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		_	
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h	I	I

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			nstructions. All
Section A - Adjusted Net Income	Í	(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	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	}		
factors (explain in detail in Part VI):	135	\$ 7 m	100 . <u>200</u> 5
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	*	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	(M. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	
4 Enter greater of line 2 or line 3	4	* / \	
5 Income tax imposed in prior year	5	\$75.50	
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-functional instructions).	ly-in	tegrated Type III supportin	g organization (see

Part) Supporting Organi	izations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			_
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
_		(i)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		i	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	W. W. I	7%; Ø: * \$4.	
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:	\$ 7 . i j .		
а		44 4 .U-	48 86 48	
b				
С		4. 13 (1)		
d	From 2013		A. III I	
е	From 2014		25° 21' W	
f	Total of lines 3a through e			i li a l
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			g . A
4	Distributions for 2015 from Section			. A A A
•	D, line 7: \$			
a	Applied to underdistributions of prior years	4% IX 14		
b	Applied to 2015 distributable amount		* ,	
	Remainder, Subtract lines 4a and 4b from 4.	, , , , , , , , , , , , , , , , , , ,		72. * 28 55'4
5	Remaining underdistributions for years prior to 2015, if	% 2 · 3° /		
•	any. Subtract lines 3g and 4a from line 2 (if amount	****		
	greater than zero, see instructions).	* *		
6	Remaining underdistributions for 2015. Subtract lines 3h	. / ; ;	' Y '' .	7.70,
-	and 4b from line 1 (if amount greater than zero, see	, *	* 2,	
	instructions).	\$,	
7	Excess distributions carryover to 2016. Add lines 3			
-	and 4c.			
8	Breakdown of line 7			
_	I I I I I I I I I I I I I I I I I I I			
<u>Б</u>				
	Excess from 2013			
d	Excess from 2014			
	Excess from 2015			
		<u> </u>	<u> </u>	

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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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Childre	en's Place, Inc.		31-1015200
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and dono		
_	funds are the organization's property, subject to t	_	
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene		
		· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
Par		<u> </u>	i i i i i i i i i i i i i i i i i i i
ı aı	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recreations)	=	f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer		
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
_			
3	Number of conservation easements modified, traition to the conservation casements modified, traition to the conservation of the conservation casements modified, traition to the conservation casements modified to the conservation casements are conservation casements.	nsterred, released, extinguished, or terr	minated by the organization during the
	tax year	anistian assement is located	
4 5	Number of states where property subject to consider the organization have a written policy re-		nection handling of
3	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspe-		
•	>	g,gg	
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	▶\$		
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(ı)
	(· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		Other Circiles Access
Par	Organizations Maintaining Collection Complete if the organization answered		
12	If the organization elected, as permitted under S		
10	works of art, historical treasures, or other similar	• • • • • • • • • • • • • • • • • • • •	
	public service, provide, in Part XIII, the text of the	•	
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela	ating to these items:	
	(i) Revenue included on Form 990, Part VIII, line	1	> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar	•	· · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported under		
	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

"Part	Organizations Maintaining	Collections of	Art, His	torical	Treasures, c	r Oth	er Similar A	Assets (cor	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther recor	rds, ched	k any of the	follow	ng that are a	significant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progra	ams		
ь	Scholarly research			Othe					
С	☐ Preservation for future generations	•							
4	Provide a description of the organizat XIII.	ion's collections	and expla	ain how t	hey further th	e orga	nization's ex	empt purpos	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X?								. □ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing t	able:				
								Amount	
C	Beginning balance					1c			
đ	Additions during the year					1d			
e	Distributions during the year					1e	ļ		
f	3					1f	L		
2a	Did the organization include an amour								
Pari	If "Yes," explain the arrangement in Pa	art XIII. Uneck nei	e if the ex	xpianatio	n nas been pr	roviaed	on Part XIII		
. rar	Complete if the organization	answered "Ves	" on For	m 000 l	Part IV line 1	10			
	Complete if the organization	(a) Current year		or year	(c) Two years t		d) Three years ba	ack (e) Four y	ears back
1a	Beginning of year balance		<u> </u>	- -			<u> </u>		··
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							-	
	Other expenditures for facilities and programs			-					<u>_</u>
f	Administrative expenses		<u> </u>						
g	End of year balance		 						
2	Provide the estimated percentage of t	he current year ei	nd balanc	e (line 1	, column (a)) i	held as	 3:		
а	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	% ·							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of t	he organi	zation th	at are held an	nd adm	ninistered for	_	
	organization by:								es No
	(i) unrelated organizations							. 3a(i)	
ь	(ii) related organizations							. 3a(ii) . 3b	
4	Describe in Part XIII the intended uses							. [30]	
Part			Oliv o olide	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Complete if the organization		on For	m 990.	Part IV. line	11a. S	ee Form 99	O. Part X. li	ne 10.
	Description of property	(a) Cost or o	ther basis	(b) Cost	or other basis other)	(c) A	ccumulated preciation	(d) Book	
1a	Land	. 		 					
b	Buildings								
С	Leasehold improvements				160,019		108,507		51,512
ď	Equipment				171,763		171,763		0
<u>e</u>	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part 2	X, colum	n (B), line 10c.	.)	▶		51,512

Part VII	Investments—Other Securities.							
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, lir	ie 11b. S	ee Form	990, Par	t X, line 1	12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Meth Cost or end-	od of valuat of-year mark		
(1) Financial	derivatives							
(2) Closely-h	neld equity interests							
(3) Other								
(A)				<u> </u>				
(B)								
(C)								
(D)								
(E)								
(F)			 -	ļ				
(G)								
(H)				ļ				
	b) must equal Form 990, Part X, col (B) line 12.) ▶			,, `ak	. 4.4	1. Ex	11/1/20	5 (So
Part VIII	Investments - Program Related.			_				
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, lir	<u>ie 11c. S</u>	ee Form	990, Par	t X, line 1	13.
	(a) Description of investment	(b) Book value		(c) Meti Cost or end-	nod of valuat of-year mark		
(1)								
(2)				-	<u> </u>		· -	
(3)				 	_			
(4)		·		 				
(5)				_				
(6) (7)				 				
(8)				 	· · ·			
(9)				 				
	b) must equal Form 990, Part X, col (B) line 13)				\$ 15			
Part IX	Other Assets.			Lt XXX	(35, 11+0		* 38.	
	Complete if the organization answered	"Yes" on Form 99	0. Part IV. lir	ne 11d. S	ee Form	990. Par	t X. line 1	15.
	(a) Descrip				7		Book value	
(1)		 ·						
(2)								
(3)		···						
(4)		 -						
(5)								
(6)		·						
(7)								
(8)								
(9)								
	mn (b) must equal Form 990, Part X, col. (B) li	ne 15.)			🕨			
Part X	Other Liabilities.				·	_		
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, lir	ne 11e or	11f. See	Form 99	90, Part X	ζ,
	line 25.					_		
1.	(a) Description of liability	(b) Book value						
(1) Federal in								
(2) Withhole	ding Taxes	1,927						
(3)								
(4)		·						
(5)			Į					
(6)								
(7)								
(8)								
(9)			ļ					
	(b) must equal Form 990, Part X, col (B) line 25) ▶	1,927	<u> </u>					
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization	n's financi	al stateme	nts that re	ports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
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	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1:1
Ь	Other (Describe in Part XIII.)	4b	
_	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	·		er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	a-	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b 2c	
c d	Other (Describe in Part XIII.)	2d	ન ∕ શ્રી
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	i	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-
			4c
_			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information.	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
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Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
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Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line

Schedule D (Fon		Page 5
Part XIII	Supplemental Information (continued)	
	orphisma management (command)	

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SCHEDULE E (Form 990 or 990-EZ)

Schools

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Children's Place, Inc.

Part I

Employer identification number 31-1015200

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	,	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	**************************************	1
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain. If you need more space, use Part II	3	1. Sec. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	,
	See Supplemental Page	-	8.8	
				3
				, ,
4 a b	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a	\(\frac{1}{2}\)	
b	nondiscriminatory basis?	4b	~	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	~	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	~	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II) 	, , ,	4
5	Does the organization discriminate by race in any way with respect to:		() %	
а	Students' rights or privileges?	5a		~
b	Admissions policies?	5b		~
С	Employment of faculty or administrative staff?	5c		•
d	Scholarships or other financial assistance?	5d		•
е	Educational policies?	5e		~
f	Use of facilities?	5f		•
g	Athletic programs?	5g	-	•
h	Other extracurricular activities?	5h		•
	······			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	~	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		~
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	Ž	

D۵	π Δ	2

Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).
Schedule E	, Part 1, Question 3 - Parents Handbook discloses the facility does not discriminate due to race, nationality, creed, color, age, sex
or sexual o	rientation
••	

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047 (0) **1 5**

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** Children's Place, Inc. 31-101500 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants а Mail solicitations ☐ Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (or retained by) fundraiser listed in col (i) (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of from activity or entity (fundraiser) contributions? organization Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
_		group 1000, pro grouter and	(a) Event #1 BBQ, Blues & Brews (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	31,903 88			
ď	2	Less: Contributions	0	·		
	3	Gross income (line 1 minus line 2)	31,903 88			
	4	Cash prizes		1		
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	500 00			
	7	Food and beverages	4,094 20			
Direc	8	Entertainment	1,000 00			
	9	Other direct expenses .	1,757 95			
	10 11	Direct expense summary. Ac Net income summary. Subtra				7,352 15 24,551 73
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Re	1_	Gross revenue				
ses	2	Cash prizes		·		
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .	□ Ves %	☐ Yes %	☐ Yes %	.,
	6	Volunteer labor	☐ Yes%	☐ Yes %	☐ Yes %	
	7	Direct expense summary Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	.	
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	-	s in each of these states		Yes No
10		ere any of the organization's g "Yes," explain:	jaming licenses revoked	I, suspended or termina	ated during the tax year	? . 🗌 Yes 🗌 No

Scheau	le G (Form 990 or 990-E∠) 2015 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶ ·
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	

SCHEDULE O (Form 990 or 990-EZ)

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.

2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number
Children's Place, Inc	31-1015200
Part VI, Line 11b - The Executive Director, President and Treasurer review prior to filing and rep	ort to the Board
Part VI, Line 12c - Through the annual disclosure process and review of purchasing decisions t	hroughout the year
D. M. Charles and T. Communication of the state and above	
Part VI, Line 15a - The Organization reviews Market wages of surrounding like entites and other	not-for-profit entities, as well as, current
Bureau of Labor Statstcs for determination of the Executive Directors-Salar	ry
Dest VII 1 in 10 All de consente con considerate for consente de c	de evellable through an line evellanten
Part VI, Line 19 - All documents are available for review at the Organization with some documents	its available through on-line publication
Part IX, Line 24e - Grant Expenses - \$814	
Division Sub-securities - #2/0	
Dues & Subscriptions - \$368	
Bank Service Charges - \$2,201	
9	
Minor Equipment - \$797	
T 647	
Taxes - \$47	
Licenses & Permits \$85	
Miscellaneous - \$662	
	·