DLN: 93493317052729 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 **C** Name of organization D Employer identification number B Check if applicable Tidewater Childrens Foundation ☐ Address change 54-6039610 ☐ Name change % GARRET A ALCARAZ Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 208 GOLDEN OAKS CT 300 ☐ Amended return ☐ Application pending (757) 463-2081 City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA $\,$ 23452 $\,$ G Gross receipts \$86,119 Name and address of principal officer H(a) Is this a group return for GREGG D SMITH □Yes ☑No subordinates? 208 GOLDEN OAKS CT 300REFLECTIONS H(b) Are all subordinates VIRGINIA BEACH, VA 23452 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www tidewaterchildren org L Year of formation 1976 M State of legal domicile VA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities To provide grant funding to organizations for the care, education, well-being, health or happiness of children in need in South Hampton Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0 ٥ 8 Contributions and grants (Part VIII, line 1h) . . 0 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 174,761 49,372 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 400 174,761 49,772 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 189,387 84,000 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,664 2,056 193,051 86,056 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -18,290 -36,284 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,623,627 1,441,733 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 1.441.733 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here GARRET A ALCARAZ TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check I If 2019-11-15 P00428136 Paid self-employed Firm's name BDO USA LLP Firm's EIN Preparer Use Only Firm's address ► 150 Boush Street Suite 1100 Phone no (757) 640-7190 Norfolk, VA 23510 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page 2
Pa	rt III Stater	ment of Program Service A	ccomplishments		
	Check if	f Schedule O contains a response	or note to any line in this Parl	:111	🗆
1		e the organization's mission			
		FUNDING TO ORGANIZATIONS F DREN IN NEED IN SOUTH HAMPT		FOR THE CARE, EDUCATION, WELL-BE	ING, HEALTH OR
2	Did the organiz	zation undertake any significant p	program services during the ye	ar which were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," descri	be these new services on Schedu	ile O		
3	Did the organiz	zation cease conducting, or make	significant changes in how it of	conducts, any program	
		be these changes on Schedule O			🗌 Yes 🗹 No
4	Describe the or Section 501(c)	rganization's program service acc	are required to report the amo	hree largest program services, as measi unt of grants and allocations to others, t	
4a	(Code) (Expenses \$	84,000 including grants of s	\$ 84,000) (Revenue \$)
	See Additional Da		,	, , , , , , , , , , , , , , , , , , , ,	,
4b	(Code) (Expenses \$	including grants of :	\$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of s	\$) (Revenue \$)
4d		services (Describe in Schedule G	·		
	(Expenses \$	ıncludır	g grants of \$) (Revenue \$)
4e	Total progran	n service expenses ▶	84,000		

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4 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? 5 Nο 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Nο 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . No **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Nο

No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Nο Nο 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

No

Nο

Nο

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Part V

Pai	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Page 4

Nο

Nο

Nο

Nο

Nο

33

34

35a

35b

36

37

38

0

0

1a

Yes

Yes

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13c

14a

14b

15

No

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "National Sa, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	•	onse to i	_
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management		34	
1.	Enter the number of voting members of the governing hady at the and of the tay year.		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 1	1		
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	•
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reveni	ie Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
40	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			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax
- 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, or 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	or any related o	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	,	ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	pelow dotted 육통 육 중 [6 공통 골						MISC)	related organizations	
(1) BURT SEGAL DIRECTOR	0 0	Х						0	0	0
(2) GARRETT A ALCARAZ TREASURER	0 0	х		х				0	0	0
(3) GREGG D SMITH DIRECTOR	0 0	Х						0	0	0
(4) ROSETTA MOORHEAD GRANT COMMITTEE CHAIRPERSON	0 0	X						0	0	0
(5) BARBARA HIGGINS RECORDING SECRETARY	0 0	X		x				0	0	0
(6) JULIA PACE DIRECTOR	0 0	X						0	0	0
(7) JUDITH M MINER DIRECTOR	0 0	X						0	0	0
(8) LINDSAY HUFFMAN LOVE VICE PRESIDENT	0 0	X		×				0	0	0
(9) CHRISTINE CROSS PRESIDENT	0 0	X		x				0	0	0
(10) KATHY BATKIN SECRETARY	0 0	x		x				0	0	0
(11) WILSON B DODSON III ASST TREASURER	0 0	Х		х				0	0	0
(12) CLARENCE WILLIAM GOWEN JR MD DIRECTOR	0 0	X						0	0	0
(13) BETH BERMAN DIRECTOR	0 0	X						0	0	0
(14) RODNEY JORDAN DIRECTOR	0 0	х						0	0	0
										Form 990 (2018)

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Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u n off	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISĆ)	organization and related organizations

	4		at ed		

1b Sub-Total			*		

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A						▶				
d Total (add lines 1b and 1s)						-		Λl	Δl	0

Lb Sub-Total								

1b Sub-Total									
c Total from continuation sheets to Pa	art VII , Section A	١				▶			
-								1	

Yes

3

4

5

(B)

Description of services

No

Nο

No

No

(C)

Compensation

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Total number of individuals (including but not limited to those listed above) who received more than \$100,000

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

2

3

4

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Part	VIII Statement of	Revenue						rage 3
	Check if Schedule	e O contains a r	esponse or r	note to any l	ine in this Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaign	ns . :	La			revenue		512 - 514
tributions, Gifts, Grants Other Similar Amounts	b Membership dues .	:	lb					
<u> </u>	c Fundraising events	:	Lc					
fš, <u>A</u>	d Related organization	ns :	ld					
ni <u>Gi</u>	e Government grants (co	ontributions)	Le					
ons, Sin	f All other contributions, and similar amounts no	أ لمامانيا مناهم	ĺ					
uti Per	above		1f					
를 물	g Noncash contributio in lines 1a - 1f \$	ons included						
Contributions, and Other Sim	h Total. Add lines 1a-			. •	0			
				Business				
Ž	2a							
₹ ×	b —							
AC e	c ———							
₹	d							+
an	e							
Program Service Revenue	f All other program ser				0			
<u> </u>	9Total. Add lines 2a-2f		<u> </u>		1			
	3 Investment income (in similar amounts) .			and other ▶	71	9		719
	4 Income from investme	ent of tax-exem	pt bond proc	eeds 🕨	<u> </u>	0		
	5 Royalties Γ	(·) Dool				0		
	6a Gross rents	(ı) Real	(11) 1	Personal				
	b Less rental expenses							
	c Rental income or (loss)		0	0				
	d Net rental income or	r (loss)			ļ	0		
	[(i) Securities		Other				
	7a Gross amount from sales of		,000					
	assets other than inventory	03	,000					
	b Less cost or							
	other basis and sales expenses	36	,347					
	C Gain or (loss)	48	,653		[
	d Net gain or (loss) .			>	48,65	3		
ø	8a Gross income from fu (not including \$	indraising event of	:s					
Other Revenue	contributions reported See Part IV, line 18	d on line 1c)	a	0				
Rev	b Less direct expenses		ь	0				
er	c Net income or (loss)	from fundraisin	g events .	· •		0		
ot t	9a Gross income from ga See Part IV, line 19	amıng actıvıtıes						
	,		a	0				
	b Less direct expenses		b	0				
	c Net income or (loss) t		tivities .	• •	1	0		
	10aGross sales of invento returns and allowance							
			a	0				
	b Less cost of goods so		ь	0		0		
	c Net income or (loss) to Miscellaneous I			ess Code				
	11aMISCELLANEOUS RE	VENUE			40	О		400
						<u>L</u>		
	b							
	с	<u> </u>						
	d All other revenue .				<u> </u>	1		-
	e Total. Add lines 11a-			•	40	0		
	12 Total revenue. See	Instructions .		. •	49,77	2		1,119
_								Form 990 (2018)

Part IX	Statement of Functional Expenses
C +	(-)(3) F01(-)(4)

or	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			\square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	84,000	84,000	, , , , , , , , , , , , , , , , , , ,	
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
i	a Management	0			
ı	D Legal	0			
	Accounting	1,500		1,500	
		0			
	e Professional fundraising services See Part IV, line 17	0			
1	Investment management fees	0			
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
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 WEBSITE DESIGN & COSTS	174		174	
	b TAXES AND LICENSES	25		25	
	c PO BOX RENTAL	150		150	
	d INVESTMENT FEES	207		207	
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	86,056	84,000	2,056	0
26	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)				
	Check here ► □ 11 following 50P 98-2 (ASC 958-720)				

Form 990 (2018)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Part II of Schedule L

Inventories for sale or use .

Less accumulated depreciation

Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Check if Schedule O contains a response or note to any line in this Part IX			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	11,462	1	10,627
2 Savings and temporary cash investments	0	2	0

	2 Savings and temporary cash investments	0	2	0
:	B Pledges and grants receivable, net	0	3	0
4	4 Accounts receivable, net	0	4	0
!	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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

10a

10b

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10c

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24 25

27 28

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Form **990** (2018)

1,431,106

1.441.733

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
	T				40 773
1	Total revenue (must equal Part VIII, column (A), line 12)	1			49,772
2	Total expenses (must equal Part IX, column (A), line 25)	2			86,056
3	Revenue less expenses Subtract line 2 from line 1	3			-36,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,623,627
5	Net unrealized gains (losses) on investments	5			-145,610
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		1	,441,733
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	MODIFIED				
	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle	22		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2018)

3b

Additional Data

Software ID: Software Version:

EIN: 54-6039610

Name: Tidewater Childrens Foundation

Form 990 (2018)

Form 990, Part III, Line 4a:

THE FOUNDATION MAKES GRANTS TO VARIOUS ORGANIZATIONS THAT PROVIDE CHARITABLE AND EDUCATIONAL PROGRAMS THAT BENEFIT CHILDREN

efile GRAPHIC print - DO I	NOT PROCESS	As Filed Data -					DL	N: 934933170	052729
Note: To capture the full co			lect landscape mode	e (11" x 8.5") whe	en printing.				
Schedule I (Form 990)		and Other Assistance to Organizations, ments and Individuals in the United States					OMB No. 1545-0047 2018		
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. For the latest information.								Open to Public Inspection	
Name of the organization Tidewater Childrens Foundation							Employer identification 54-6039610	ation number	
Part I General Informa	ation on Grants	and Assistance					34-6039610		
	o award the grants inization's procedur assistance to Dom	or assistance? es for monitoring the us	e of grant funds in the Urnd Domestic Governme	nited States		·	990, Part IV, line	✓ Yes 21, for any recip	□ No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose o or assistance	f grant
(1) CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS 601 CHILDRENS LANE NORFOLK, VA 23507	54-0506321	IRC 501(c)(3)	40,000					TO FUND PROC OPERATED TO CHILDREN	
(2) TWP - THE YOUTH FOUNDATION 370 Lexington Ave RM 1206 New York, NY 10017	13-6093036	IRC 501(C)(3)	6,000					TO FUND PROC OPERATED TO CHILDREN	
2 Enter total number of section 3 Enter total number of other For Paperwork Reduction Act Notice	organizations listed	in the line 1 table						edule I (Form 990	1) 2018

THE BOARD RECEIVES REPORTS FROM THE RECIPIENTS SHOWING HOW THE FUNDS WERE USED, YUMBER OF PARTICIPANTS IN THE PROGRAM, ETC

Schedule I (Form 990) 2018

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

Part IV

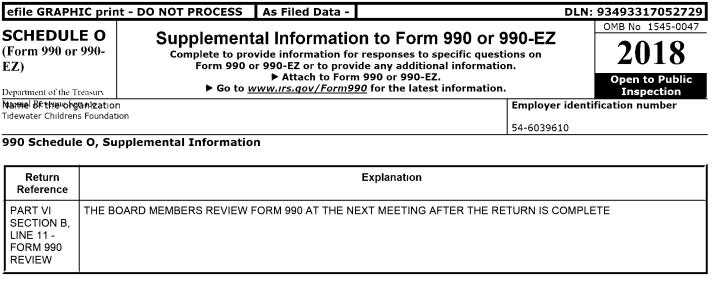
FUNDS

Return Reference

Part I, line 2 - PROCEDURES FOR

MONITORING USE OF GRANT

Explanation



Return Explanation
Reference

990 Schedule O, Supplemental Information

PART VI,
SECTION B,
LINE 12 CONFLICT
OF
INTEREST STATEMENT, WHICH
SECTION B,
LINE 12 CONFLICT
OF
INTEREST

Return Explanation Reference

PART XI,	NET INCREASE IN UNREALIZED GAINS IN INVESTMENT PORTFOLIOS MORGAN STANLEY ACCOUNT \$142,537
LINE 9 -	UNITED WAY OF SHR ENDOWMENT 1,752 UNITED WAY OF SHR FUND 1,321 TOTAL PART XI LINE 9 OTHER
OTHER	CHANGES IN NET ASSETS \$145,610
CHANGES	
IN NET	
ASSETS	

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Explanation

Reterence	
PART VI,	THE FOUNDATION MAKES AVAILABLE TO THE PUBLIC UPON REQUEST ITS GOVERNING DOCUMENTS AND CONFLICT
SECTION C,	OF INTEREST POLICY
LINE 19 -	
PUBLIC	
INSPECTION	

Return Explanation
Reference

990 Schedule O, Supplemental Information

ACCOUNTING

PART XII - THE ORGANIZATION USES THE CASH METHOD OF ACCOUNTING EXCEPT FOR PRESENTING ITS INVESTMENTS
LINE 1 - AT FAIR MARKET VALUE AND RECORDING THE CHANGE IN THE RELATED UNREALIZED GAINS(LOSSES) AS O
METHOD OF THER ADJUSTMENTS TO FUND BALANCE AT PART XI - LINE 9