

Form **990**
Department of the Treasury
Internal Revenue Service

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
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CHAMPIONS FOR CHILDREN INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
3108 WEST AZEELE STREET

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33609

D Employer identification number
59-1807551

E Telephone number
(813) 673-4646

G Gross receipts \$ 6,341,413

F Name and address of principal officer
REYNALD LATORTUE
3108 WEST AZEELE STREET
TAMPA, FL 33609

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ CHAMPIONSFORCHILDRENTAMPABAY.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1977

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CFC WAS FOUNDED IN 1977 TO ANSWER TO THE EPIDEMIC OF CHILD ABUSE AND NEGLECT AND IS THE REGION'S LEADING AGENCY DEDICATED EXCLUSIVELY TO PREVENTING CHILD ABUSE AND NEGLECT BEFORE THEY EVER BEGIN

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	27
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	155
6 Total number of volunteers (estimate if necessary)	472
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,246,395	6,055,600
9 Program service revenue (Part VIII, line 2g)	100,428	102,664
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,311	1,532
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	293,955	56,365
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,667,089	6,216,161
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,123,695	4,377,273
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 266,273		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,987,989	1,737,132
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,111,684	6,114,405
19 Revenue less expenses Subtract line 18 from line 12	555,405	101,756
	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,494,289	2,460,584
21 Total liabilities (Part X, line 26)	503,287	333,724
22 Net assets or fund balances Subtract line 21 from line 20	1,991,002	2,126,860

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2018-05-31
REYNALD LATORTUE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ANDRES S PRIDA	Preparer's signature ANDRES S PRIDA	Date 2018-05-31	Check <input type="checkbox"/> if self-employed	PTIN P00372710
Firm's name ▶ PRIDA GUIDA & PEREZ PA			Firm's EIN ▶ 59-1978917	
Firm's address ▶ 1106 N FRANKLIN ST TAMPA, FL 336023813			Phone no (813) 226-6091	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TOUCHING MORE THAN 38,000 INDIVIDUALS, CFC PREVENTS CHILD ABUSE AND NEGLECT BY PROVIDING STATE-OF-THE-ART FAMILY EDUCATION PROGRAMS THAT HELP TAMPA BAY FAMILIES GROW STRONGER AND CHILDREN THRIVE

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,252,679 including grants of \$) (Revenue \$)

4b (Code) (Expenses \$ 987,628 including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ 735,531 including grants of \$) (Revenue \$)

(Code) (Expenses \$ 2,128,337 including grants of \$) (Revenue \$)

EARLY CHILDHOOD PROGRAMS (ECP) - ALL CHILDREN NEED AND DESERVE SECURE AND WELL-ATTACHED RELATIONSHIPS WITH THEIR PRIMARY CAREGIVERS, A SAFE AND NURTURING HOME ENVIRONMENT, AND THE GUIDANCE AND SUPPORT TO BUILD HEALTHY RELATIONSHIPS WITH OTHERS ALL PARENTS/CAREGIVERS NEED AND DESERVE RESPECT FOR THEIR STRENGTHS AND COMPETENCIES AND ENCOURAGEMENT TO BECOME THEIR CHILD'S FIRST AND BEST TEACHER ECP OFFERS PARENTS/CAREGIVERS OPPORTUNITIES TO LEARN AND CONNECT WITH OTHER ADULTS, AND SUPPORT AND GUIDANCE WHEN NEEDED TO ENSURE THEIR CHILDREN ARE HEALTHY, SAFE, AND DEVELOPMENTALLY ON TRACK ECP IS A MULTI-FACETED APPROACH TO SUPPORTING CAREGIVER-CHILD ATTACHMENT, OPTIMAL CHILD DEVELOPMENT, AND PARENTAL RESILIENCY BECAUSE PARENTING IS A LEARNING PROCESS THAT BEGINS EVEN BEFORE THE BABY IS BORN AND CONTINUES THROUGHOUT THE CHILD'S LIFE, ECP OFFER A CONTINUUM OF SERVICES AND SUPPORTS THAT BEGINS IN THE PRENATAL PERIOD AND CONTINUES THROUGH THE PRESCHOOL YEARS IN 2017 MORE THAN 3,000 INDIVIDUALS PARTICIPATED IN ONE OR MANY OF THESE SERVICES HEALTHY FAMILIES IS A NATIONALLY ACCREDITED HOME VISITING PROGRAM FOR EXPECTANT PARENTS AND PARENTS OF NEWBORNS EXPERIENCING STRESSFUL LIFE SITUATIONS THE PROGRAM IMPROVES CHILDHOOD OUTCOMES AND INCREASES FAMILY SELF-SUFFICIENCY BY EMPOWERING PARENTS THROUGH EDUCATION AND COMMUNITY SUPPORT PARENTS VOLUNTARILY PARTICIPATE IN HEALTHY FAMILIES SO THEY CAN LEARN HOW TO RECOGNIZE AND RESPOND TO THEIR BABIES' CHANGING DEVELOPMENTAL NEEDS, USE POSITIVE DISCIPLINE TECHNIQUES, COPE WITH THE DAY-TO-DAY STRESS OF PARENTING IN HEALTHY WAYS, AND SET AND ACHIEVE SHORT- AND LONG-TERM GOALS IN 2017, MORE THAN 850 INDIVIDUALS PARTICIPATED IN SERVICES CHILD CARE & FAMILY LEARNING IS A COLLABORATION BETWEEN THE COUNTY'S LARGEST SUBSTANCE ABUSE/BEHAVIORAL HEALTH ORGANIZATION OFFER PARENTING CLASSES, NEW MOM SUPPORT GROUPS, VISITATION PLAYGROUPS, REFLECTIVE GROUPS, AND CHILD DEVELOPMENT SEMINARS FOR MOTHERS UNDERGOING TREATMENT FOR SUBSTANCE ABUSE, ALL WITH THE GOAL OF HELPING THEM RE-ESTABLISH STRONG, HEALTHY RELATIONSHIPS WITH THEIR CHILDREN THAT TRULY LAST THIS SITE ALSO OFFERS A BLENDED EARLY HEAD START AND FLORIDA GOLD SEAL SCHOOL READINESS CHILD CARE SETTING FOR CHILDREN UNDER THE AGE OF THREE THESE TRANSFORMATIVE SERVICES SERVED NEARLY 350 INDIVIDUALS IN 2017 FAMILY INVOLVEMENT CONNECTIONS (FIC) IS A FAMILY SUPPORT PROGRAM THAT IS OFFERED THROUGH PARTICIPATING CHILD CARE CENTERS IN HILLSBOROUGH COUNTY FIC ADOPTS THE EVIDENCE-INFORMED CENTER FOR THE STUDY OF SOCIAL POLICY'S STRENGTHENING FAMILIES PROTECTIVE FACTORS FRAMEWORK THROUGH THE CARING CONVERSATIONS CURRICULUM IN A COMMUNITY AND FAMILY-FOCUSED APPROACH TO SUPPORT A CHILD'S ACADEMIC ACHIEVEMENT THE FIVE PROTECTIVE FACTORS INCLUDE PARENTAL RESILIENCY, SOCIAL CONNECTIONS, KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT, CONCRETE SUPPORT IN TIMES OF NEED, AND SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN STUDIES REPEATEDLY DOCUMENT THE POSITIVE EFFECTS ON ACADEMIC PERFORMANCE OF SOCIAL AND EMOTIONAL LEARNING PROGRAMMING ON STUDENTS OF DIVERSE BACKGROUNDS FROM PRESCHOOL THROUGH HIGH SCHOOL FIC SUPPORTS PARENTS TO CREATE POSITIVE SOCIAL TIES TO THE PARENTS OF THEIR CHILDREN'S FRIENDS TO BUILD SOCIAL CONNECTIONS AND ESTABLISH A BASELINE OF SHARED STANDARDS THESE SOCIAL RELATIONSHIPS HELP TO DETERMINE THE QUALITY OF THE NEIGHBORHOOD ENVIRONMENT FOR CHILDREN IN 2017, 250 INDIVIDUALS WERE SERVED PRENATAL PROGRAM SERVES AS THE GATEWAY FOR CHAMPIONS CONTINUUM OF SERVICES, ALLOWING US TO REACH OUT TO FAMILIES AT THE EARLIEST POSSIBLE TIME, HELPING PARENTS BUILD A STRONG, HEALTHY FOUNDATION FOR THEIR CHILDREN FROM THE GET-GO THE PROGRAM PROVIDES EDUCATION AND SUPPORT TO FAMILIES WHO ARE EXPECTING A CHILD OR RECENTLY WELCOMED A NEW CHILD INTO THEIR LIFE DURING THIS EXCITING TIME, WE OFFER PRENATAL CLASSES LED BY CERTIFIED SPECIALISTS, COVERING TOPICS FROM WHAT TO EXPECT DURING LABOR AND DELIVERY TO PREPARING TO BE A FIRST-TIME MOM OR DAD AFTER A NEW BABY ARRIVES, OUR INTERNATIONALLY BOARD-CERTIFIED LACTATION CONSULTANTS WILL SUPPORT INFANT FEEDING AND GOALS, CLIENTS CAN STOP BY BABY CAF WITH QUESTIONS, OR JUST TO WEIGHT THEIR BABY AND GET REASSURANCE THAT ALL IS GOING WELL - NO APPOINTMENT REQUIRED NEARLY 1,000 INDIVIDUALS WERE SERVED IN 2017 KIDS ON THE BLOCK (KOTB) IS A TROUPE OF EDUCATIONAL PUPPETS THAT SINCE 1994 PERFORM PERSONAL SAFETY EDUCATION SHOWS ABOUT CHILD ABUSE PREVENTION AND BULLYING & STEREOTYPING PREVENTION FOR HILLSBOROUGH COUNTY PUBLIC AND PRIVATE ELEMENTARY SCHOOL STUDENTS IN 2017, MORE THAN 23,000 CHILDREN WERE PROVIDED KNOWLEDGE TO RECOGNIZE INAPPROPRIATE, HARMFUL BEHAVIOR AND SEEK HELP KOTB IS UNIQUE BECAUSE IT TAKES ITS MESSAGES DIRECTLY TO CHILDREN AND THEY WRITE LETTERS TO THE PUPPETS AFTER THE PERFORMANCES WHICH ARE USED TO IDENTIFY STUDENTS WHO NEED FURTHER HELP BY WORKING TOGETHER WITH SCHOOLS AND COMMUNITY PARTNERS TO ENHANCE THE PERSONAL SAFETY AND CHARACTER EDUCATION CURRICULUM, WE CAN ENSURE THAT CHILDREN IN OUR COMMUNITY CAN GROW UP FREE FROM CHILD ABUSE AND BULLYING TO ACHIEVE THEIR HIGHEST ACADEMIC AND PERSONAL GOALS

4d Other program services (Describe in Schedule O) (Expenses \$ 2,128,337 including grants of \$) (Revenue \$)

4e Total program service expenses 5,104,175

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c 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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (27); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No)

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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: [] Own website, [X] Another's website, [X] 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 (CHAMPIONS FOR CHILDREN INC 3108 W AZEELE ST TAMPA, FL 33609 (813) 673-4646)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	53,008				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,119,164				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,883,428				
	g Noncash contributions included in lines 1a-1f \$ _____		53,008				
	h Total. Add lines 1a-1f			6,055,600			
Program Service Revenue			Business Code				
	2a CLIENT FEES			102,664	102,664		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			102,664				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,532	1,532		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 53,008 of contributions reported on line 1c) See Part IV, line 18	a	165,217				
	b Less direct expenses	b	125,252				
	c Net income or (loss) from fundraising events			39,965		55,760	
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS			16,400		16,400		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			16,400				
12 Total revenue. See Instructions			6,216,161	104,196	72,160		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	285,644		285,644	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,292,395	2,999,687	119,591	173,117
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	521,671	448,395	54,717	18,559
10 Payroll taxes	277,563	233,562	30,458	13,543
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,500		15,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	480,033	397,810	55,597	26,626
12 Advertising and promotion	33,250	28,576	754	3,920
13 Office expenses	52,855	44,403	3,791	4,661
14 Information technology	64,235	17,254	41,720	5,261
15 Royalties				
16 Occupancy	377,319	347,402	21,497	8,420
17 Travel	113,771	112,476	1,280	15
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,212	70,711	2,261	240
20 Interest	4,832		4,832	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,870	12,555	33,315	
23 Insurance	31,582	26,585	3,910	1,087
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 CLIENT RELATED EXPENSES	133,992	133,927	65	
b SUPPLIES	90,685	83,817	4,406	2,462
c MAINTENANCE	88,362	50,212	38,065	85
d COMMUNICATION	55,197	52,520	1,368	1,309
e All other expenses	76,437	44,283	25,186	6,968
25 Total functional expenses. Add lines 1 through 24e	6,114,405	5,104,175	743,957	266,273
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	618,942	1	342,624
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	652,570	3	680,637
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	22,567	7	11,038
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,205	9	14,379
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,793,487		
	b Less accumulated depreciation	771,418		
		970,545	10c	1,022,069
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	190,460	15	389,837	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,494,289	16	2,460,584	
Liabilities	17 Accounts payable and accrued expenses	328,228	17	261,796
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, 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	175,059	23	71,928
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	503,287	26	333,724
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,867,902	27	2,005,723
	28 Temporarily restricted net assets	23,100	28	21,137
	29 Permanently restricted net assets	100,000	29	100,000
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,991,002	33	2,126,860
	34 Total liabilities and net assets/fund balances	2,494,289	34	2,460,584

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,216,161
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,114,405
3	Revenue less expenses Subtract line 2 from line 1	3	101,756
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,991,002
5	Net unrealized gains (losses) on investments	5	34,102
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	2,126,860

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>	Yes	
<p>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</p>	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-1807551

Name: CHAMPIONS FOR CHILDREN INC

Form 990 (2017)

Form 990, Part III, Line 4a:

POSITIVE PARENTING PARTNERSHIP BALANCING RELATIONSHIPS, PARENTING AND FINANCES IS CHALLENGING FOR ALL CAREGIVERS " P3 PROVIDES INTERVENTIONS DESIGNED TO POSITIVELY IMPACT MARRIAGE AND COUPLE STABILITY, HEALTHY RELATIONSHIPS AMONG PARENTS, PARENTING SKILLS, FINANCIAL HEALTH, AND INCREASE PARENTING CONFIDENCE P3 USES TRIPLE P, WHICH IS AN EVIDENCE-BASED PARENTING AND FAMILY SUPPORT SYSTEM DESIGNED TO PREVENT, AS WELL AS TREAT, BEHAVIORAL AND EMOTIONAL PROBLEMS IN CHILDREN AND TEENAGERS IT AIMS TO PREVENT PROBLEMS IN THE FAMILY, SCHOOL, AND COMMUNITY BEFORE THEY ARISE AND TO CREATE FAMILY ENVIRONMENTS THAT ENCOURAGE CHILDREN TO REALIZE THEIR POTENTIAL TRIPLE P HELPS PARENTS REPLACE INEFFECTIVE PARENTING STRATEGIES WITH EFFECTIVE METHODS FOR ENCOURAGING POSITIVE CHILD BEHAVIOR THESE NO- COST SERVICES ARE OPEN TO EVERY PARENT OR CAREGIVER WITH CHILDREN AGED 0-18 THROUGHOUT THE GREATER TAMPA BAY AREA WHO WOULD LIKE TO ESTABLISH A BETTER RELATIONSHIP WITH THEIR CHILD OR STRENGTHEN THEIR MARRIAGE/RELATIONSHIP IN 2017, NEARLY 300 FAMILIES RECEIVED SUPPORT TO REACH THEIR GOALS, INTERESTS AND NEEDS TO BE A SUCCESSFUL FAMILY

Form 990, Part III, Line 4b:

PARENTS AS TEACHERS IS RELATIONSHIP-BASED AND PARENTING-FOCUSED. IT IS BROUGHT TO PARENTS IN THEIR HOMES BY TRAINED PARENT EDUCATORS WHOSE GOAL IS TO HELP THEM BUILD ON THEIR STRENGTHS AS THEY INTERACT WITH THEIR CHILDREN. PARENTS THEN BECOME TEACHERS THROUGH THIS INTERACTION, PLAYING WITH, AND ENJOYING THEIR CHILDREN, AND THEIR CHILDREN STAND A BETTER CHANCE OF BEGINNING SCHOOL FULLY READY TO LEARN AND SUCCEED. THE PROGRAM EFFECTIVELY EQUIPS FAMILIES WITH THE RESOURCES AND INFORMATION NEEDED TO REDUCE PARENTS STRESS AND POTENTIAL ABUSE. PAT USES A RELATIONSHIP BASED APPROACH AND HOME VISITATION MODEL THAT HELPS CHILDREN GROW UP HEALTHY, SAFE AND READY TO LEARN IN ALL ENVIRONMENTS. PAT PROVIDES THE INFORMATION, SUPPORT AND ENCOURAGEMENT, THROUGHOUT HILLSBOROUGH COUNTY, THAT ALL PARENTS NEED TO HELP THEIR CHILDREN DEVELOP OPTIMALLY DURING THE CRUCIAL EARLY YEARS OF LIFE. OUR GOAL IS TO HELP PARENTS OF ALL SOCIO-ECONOMIC BACKGROUNDS ENGAGE WITH THEIR CHILDREN IN WAYS THAT LEAD TO A LIFETIME OF GOOD HEALTH, EDUCATIONAL ACHIEVEMENT, AND FUTURE SUCCESS. BY OFFERING A UNIVERSAL ACCESS PROGRAM THROUGHOUT HILLSBOROUGH COUNTY, WE ARE GIVING PARENTS THE EDUCATION AND SUPPORT THEY NEED TO PROMOTE THEIR YOUNG CHILDREN'S HEALTHY DEVELOPMENT AND PREPARE THEM FOR SUCCESS IN SCHOOL AND IN LIFE. PAT PROVIDED NO-COST SERVICES TO NEARLY 1,800 INDIVIDUALS IN 2017.

Form 990, Part III, Line 4c:

CHILDREN'S BOARD FAMILY RESOURCE CENTERS (CBFRC) IN EAST COUNTY & NORTH TAMPA OFFER PROGRAMS AND SERVICES EMPHASIZING CHILD DEVELOPMENT AND HEALTH AND SAFETY AVAILABLE AT NO COST TO MEMBERS THE CENTERS ARE DESIGNED TO HELP FAMILIES AND COMMUNITIES BECOME HAPPIER, HEALTHIER AND STRONGER IN A REFRESHING HOME-LIKE ENVIRONMENT WHERE CARING STAFF AND MEMBERS OFFER SUPPORT, OPPORTUNITIES AND NEW FRIENDSHIPS THE PHILOSOPHY OF FAMILY SUPPORT IS PART OF A NATIONAL MOVEMENT WHICH SEEKS TO STRENGTHEN AND EMPOWER FAMILIES AND COMMUNITIES SO THEY CAN FOSTER THE BEST POSSIBLE DEVELOPMENT OF CHILDREN, YOUTH AND ADULTS BROAD COMMUNITY PARTNERSHIPS ARE AT THE HEART OF SERVICE AND PROGRAM DELIVERY WITH AN EMPHASIS ON CHILD DEVELOPMENT AND HEALTH AND SAFETY IN 2017, MORE THAN 6,500 INDIVIDUALS WERE SERVED IN A VARIETY OF SERVICES AT ONE OF THESE TWO LOCATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES ARMSTRONG SECRETARY	10 00	X		X				0	0	0
PENNY BATTLES DIRECTOR	10 00	X						0	0	0
ERIK CARLSON MEMBER-AT-LA	10 00	X						0	0	0
JACQUELINE CARRICATO DIRECTOR	10 00	X						0	0	0
KRISTINE CHUNN DIRECTOR	10 00	X						0	0	0
LIANA FOX DIRECTOR	10 00	X						0	0	0
GRAEME FRASER PRESIDENT	10 00	X		X				0	0	0
ANNE GORMLY DIRECTOR	10 00	X						0	0	0
ERIC HALL DIRECTOR	10 00	X						0	0	0
DIANNE JACOB DIRECTOR	10 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OLGA JOANOW DIRECTOR	10 00	X		X				0	0	0
PETER LEWIS DIRECTOR	10 00	X						0	0	0
HON RICHARD NIELSEN DIRECTOR	10 00	X						0	0	0
RUTH POWER ADVISORY/MON	10 00	X						0	0	0
KIMBERLY RENFROE DEVELOPMENT	10 00	X						0	0	0
BILL SNOWDON PAST PRESIDE	10 00	X		X				0	0	0
MARK STOKER TREASURER	10 00	X		X				0	0	0
STEPHEN VALERI MEMBER-AT-LA	10 00	X						0	0	0
LAURA-ELIZABETH WARE VICE PRESIDE	10 00	X		X				0	0	0
WILLISHA WILLIAMS DIRECTOR	10 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOAN ZINOBER MEMBER-AT-LA	10 00	X						0	0	0
DANIEL PEREZ DIRECTOR	10 00	X						0	0	0
STACEY PITTMAN DIRECTOR	10 00	X						0	0	0
MARY JANE RICKLES DIRECTOR	10 00	X						0	0	0
MICHAEL SHIMBERG DIRECTOR	10 00	X						0	0	0
LISA WILKERSON DIRECTOR	10 00	X						0	0	0
JOHN MCMANUS DIRECTOR	X						0	0	0
BRIAN MCEWEN EXECUTIVE DI	40 00 0 00			X				109,615	0	6,696
REYNALD LATORTUE CFO	40 00			X				90,529	0	9,350
AMY HAILE INTERIM EXEC	40 00 0 00			X				85,500	0	9,199

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMANDA KEATING STAFF	40 00					X		102,000	0	8,063

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CHAMPIONS FOR CHILDREN INC

Employer identification number

59-1807551

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,220,582	5,201,102	5,161,285	6,246,395	6,055,600	26,884,964
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	4,220,582	5,201,102	5,161,285	6,246,395	6,055,600	26,884,964
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)						344,419
6	Public support. Subtract line 5 from line 4						26,540,545

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	4,220,582	5,201,102	5,161,285	6,246,395	6,055,600	26,884,964
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	968	1,960	1,745	2,959	1,532	9,164
9	Net income from unrelated business activities, whether or not the business is regularly carried on	137,142	134,769	194,339	112,495	54,760	633,505
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	38,107	5,612	10,834	180,460	16,400	251,413
11	Total support. Add lines 7 through 10						27,779,046
12	Gross receipts from related activities, etc (see instructions)					12	202,759

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	95.540%
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	94.400%

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		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 historic 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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	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		
c	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		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
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)		
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	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 235,013

Schedule A Form 990 or 990-E 2012

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CHAMPIONS FOR CHILDREN INC

Employer identification number
59-1807551

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	100,000	100,000	100,000	100,000	100,000
b Contributions					
c Net investment earnings, gains, and losses	1,532	2,959	1,745	1,960	968
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	100,000	100,000	100,000	100,000	100,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | No | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**

	Yes	No
3a(i)	No	No
3a(ii)	No	No
3b		
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		369,219		369,219
b Buildings		607,321	222,001	385,320
c Leasehold improvements		17,186	8,641	8,545
d Equipment		226,436	117,173	109,263
e Other		573,325	423,603	149,722
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,022,069

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

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

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST DONOR ADVISED FD	265,407
(2) COMMUNITY FOUNDATION INVESTMENT	102,909
(3) DUE FROM UNITED WAY	11,882
(4) LEASE DEPOSIT	8,813
(5) LOAN COSTS	826
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	389,837

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,375,515
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	34,102
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	125,252
e	Add lines 2a through 2d	2e	159,354
3	Subtract line 2e from line 1	3	6,216,161
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	6,216,161

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

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

1	Total expenses and losses per audited financial statements	1	6,239,657
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	125,252
e	Add lines 2a through 2d	2e	125,252
3	Subtract line 2e from line 1	3	6,114,405
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,114,405

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-1807551

Name: CHAMPIONS FOR CHILDREN INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENTS 125,252

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENTS 125,252

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization CHAMPIONS FOR CHILDREN INC

Employer identification number

59-1807551

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CHAMPIONS LUNCH (event type)	DREAMKEEPERS BA (event type)	4 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	112,767	85,362	20,096	218,225
2	Less Contributions	46,113	6,895		53,008
3	Gross income (line 1 minus line 2)	66,654	78,467	20,096	165,217
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,894	53,869	60,489	125,252
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				125,252
11	Net income summary Subtract line 10 from line 3, column (d) ▶				39,965

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 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? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** 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 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV 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).

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHAMPIONS FOR CHILDREN INC

Employer identification number

59-1807551

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	40	6,895	FAIR MARKET VALUE
26 Other ▶ (TOY DONATIONS)	X	40	46,113	FAIR MARKET VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHAMPIONS FOR CHILDREN INC

Employer identification number

59-1807551

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	COST SERVICES ARE OPEN TO EVERY PARENT OR CAREGIVER WITH CHILDREN AGED 0-18 THROUGHOUT THE GREATER TAMPA BAY AREA WHO WOULD LIKE TO ESTABLISH A BETTER RELATIONSHIP WITH THEIR CHILD OR STRENGTHEN THEIR MARRIAGE/RELATIONSHIP IN 2017, NEARLY 300 FAMILIES RECEIVED SUPPORT TO REACH THEIR GOALS, INTERESTS AND NEEDS TO BE A SUCCESSFUL FAMILY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	HELP THEIR CHILDREN DEVELOP OPTIMALLY DURING THE CRUCIAL EARLY YEARS OF LIFE OUR GOAL IS TO HELP PARENTS OF ALL SOCIO-ECONOMIC BACKGROUNDS ENGAGE WITH THEIR CHILDREN IN WAYS THAT LEAD TO A LIFETIME OF GOOD HEALTH, EDUCATIONAL ACHIEVEMENT, AND FUTURE SUCCESS BY OFFERING A UNIVERSAL ACCESS PROGRAM THROUGHOUT HILLSBOROUGH COUNTY, WE ARE GIVING PARENTS THE EDUCATION AND SUPPORT THEY NEED TO PROMOTE THEIR YOUNG CHILDREN'S HEALTHY DEVELOPMENT AND PREPARE THEM FOR SUCCESS IN SCHOOL AND IN LIFE PAT PROVIDED NO-COST SERVICES TO NEARLY 1,800 INDIVIDUALS IN 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	WERE SERVED IN A VARIETY OF SERVICES AT ONE OF THESE TWO LOCATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>EARLY CHILDHOOD PROGRAMS (ECP) - ALL CHILDREN NEED AND DESERVE SECURE AND WELL-ATTACHED RELATIONSHIPS WITH THEIR PRIMARY CAREGIVERS, A SAFE AND NURTURING HOME ENVIRONMENT, AND THE GUIDANCE AND SUPPORT TO BUILD HEALTHY RELATIONSHIPS WITH OTHERS. ALL PARENTS/CAREGIVERS NEED AND DESERVE RESPECT FOR THEIR STRENGTHS AND COMPETENCIES AND ENCOURAGEMENT TO BECOME THEIR CHILD'S FIRST AND BEST TEACHER. ECP OFFERS PARENTS/CAREGIVERS OPPORTUNITIES TO LEARN AND CONNECT WITH OTHER ADULTS, AND SUPPORT AND GUIDANCE WHEN NEEDED TO ENSURE THEIR CHILDREN ARE HEALTHY, SAFE, AND DEVELOPMENTALLY ON TRACK. ECP IS A MULTI-FACETED APPROACH TO SUPPORTING CAREGIVER-CHILD ATTACHMENT, OPTIMAL CHILD DEVELOPMENT, AND PARENTAL RESILIENCY. BECAUSE PARENTING IS A LEARNING PROCESS THAT BEGINS EVEN BEFORE THE BABY IS BORN AND CONTINUES THROUGHOUT THE CHILD'S LIFE, ECP OFFER A CONTINUUM OF SERVICES AND SUPPORTS THAT BEGINS IN THE PRENATAL PERIOD AND CONTINUES THROUGH THE PRESCHOOL YEARS. IN 2017 MORE THAN 3,000 INDIVIDUALS PARTICIPATED IN ONE OR MANY OF THESE SERVICES. HEALTHY FAMILIES IS A NATIONALLY ACCREDITED HOME VISITING PROGRAM FOR EXPECTANT PARENTS AND PARENTS OF NEWBORNS EXPERIENCING STRESSFUL LIFE SITUATIONS. THE PROGRAM IMPROVES CHILDHOOD OUTCOMES AND INCREASES FAMILY SELF-SUFFICIENCY BY EMPOWERING PARENTS THROUGH EDUCATION AND COMMUNITY SUPPORT. PARENTS VOLUNTARILY PARTICIPATE IN HEALTHY FAMILIES SO THEY CAN LEARN HOW TO RECOGNIZE AND RESPOND TO THEIR BABIES' CHANGING DEVELOPMENTAL NEEDS, USE POSITIVE DISCIPLINE TECHNIQUES, COPE WITH THE DAY-TO-DAY STRESS OF PARENTING IN HEALTHY WAYS, AND SET AND ACHIEVE SHORT- AND LONG-TERM GOALS. IN 2017, MORE THAN 850 INDIVIDUALS PARTICIPATED IN SERVICES. CHILD CARE & FAMILY LEARNING IS A COLLABORATION BETWEEN THE COUNTY'S LARGEST SUBSTANCE ABUSE/BEHAVIORAL HEALTH ORGANIZATION OFFER PARENTING CLASSES, NEW MOM SUPPORT GROUPS, VISITATION PLAYGROUPS, REFLECTIVE GROUPS, AND CHILD DEVELOPMENT SEMINARS FOR MOTHERS UNDERGOING TREATMENT FOR SUBSTANCE ABUSE, ALL WITH THE GOAL OF HELPING THEM RE-ESTABLISH STRONG, HEALTHY RELATIONSHIPS WITH THEIR CHILDREN THAT TRULY LAST. THIS SITE ALSO OFFERS A BLENDED EARLY HEAD START AND FLORIDA GOLD SEAL SCHOOL READINESS CHILD CARE SETTING FOR CHILDREN UNDER THE AGE OF THREE. THESE TRANSFORMATIVE SERVICES SERVED NEARLY 350 INDIVIDUALS IN 2017. CHILD CARE & FAMILY LEARNING IS A COLLABORATION BETWEEN THE COUNTY'S LARGEST SUBSTANCE ABUSE/BEHAVIORAL HEALTH ORGANIZATION OFFER PARENTING CLASSES, NEW MOM SUPPORT GROUPS, VISITATION PLAYGROUPS, REFLECTIVE GROUPS, AND CHILD DEVELOPMENT SEMINARS FOR MOTHERS UNDERGOING TREATMENT FOR SUBSTANCE ABUSE, ALL WITH THE GOAL OF HELPING THEM RE-ESTABLISH STRONG, HEALTHY RELATIONSHIPS WITH THEIR CHILDREN THAT TRULY LAST. THIS SITE ALSO OFFERS A BLENDED EARLY HEAD START AND FLORIDA GOLD SEAL SCHOOL READINESS CHILD CARE SETTING FOR CHILDREN UNDER THE AGE OF THREE. THESE TRANSFORMATIVE SERVICES SERVED NEARLY 350 INDIVIDUALS IN 2017. FAMILY INVOLVEMENT CONNECTIONS (FIC) IS A FAMILY SU</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>PPORT PROGRAM THAT IS OFFERED THROUGH PARTICIPATING CHILD CARE CENTERS IN HILLSBOROUGH COUNTY. FIC ADOPTS THE EVIDENCE-INFORMED CENTER FOR THE STUDY OF SOCIAL POLICY'S STRENGTHENING FAMILIES PROTECTIVE FACTORS FRAMEWORK THROUGH THE CARING CONVERSATIONS CURRICULUM IN A COMMUNITY AND FAMILY-FOCUSED APPROACH TO SUPPORT A CHILD'S ACADEMIC ACHIEVEMENT. THE FIVE PROTECTIVE FACTORS INCLUDE PARENTAL RESILIENCE, SOCIAL CONNECTIONS, KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT, CONCRETE SUPPORT IN TIMES OF NEED, AND SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN. STUDIES REPEATEDLY DOCUMENT THE POSITIVE EFFECTS ON ACADEMIC PERFORMANCE OF SOCIAL AND EMOTIONAL LEARNING PROGRAMMING ON STUDENTS OF DIVERSE BACKGROUNDS FROM PRESCHOOL THROUGH HIGH SCHOOL. FIC SUPPORTS PARENTS TO CREATE POSITIVE SOCIAL TIES TO THE PARENTS OF THEIR CHILDREN'S FRIENDS TO BUILD SOCIAL CONNECTIONS AND ESTABLISH A BASELINE OF SHARED STANDARDS. THESE SOCIAL RELATIONSHIPS HELP TO DETERMINE THE QUALITY OF THE NEIGHBORHOOD ENVIRONMENT FOR CHILDREN. IN 2017, 250 INDIVIDUALS WERE SERVED. PRENATAL PROGRAM SERVES AS THE GATEWAY FOR CHAMPIONS CONTINUUM OF SERVICES, ALLOWING US TO REACH OUT TO FAMILIES AT THE EARLIEST POSSIBLE TIME, HELPING PARENTS BUILD A STRONG, HEALTHY FOUNDATION FOR THEIR CHILDREN FROM THE GET-GO. THE PROGRAM PROVIDES EDUCATION AND SUPPORT TO FAMILIES WHO ARE EXPECTING A CHILD OR RECENTLY WELCOMED A NEW CHILD INTO THEIR LIFE. DURING THIS EXCITING TIME, WE OFFER PRENATAL CLASSES LED BY CERTIFIED SPECIALISTS, COVERING TOPICS FROM WHAT TO EXPECT DURING LABOR AND DELIVERY TO PREPARING TO BE A FIRST-TIME MOM OR DAD. AFTER A NEW BABY ARRIVES, OUR INTERNATIONALLY BOARD-CERTIFIED LACTATION CONSULTANTS WILL SUPPORT INFANT FEEDING AND GOALS, CLIENTS CAN STOP BY BABY CAF WITH QUESTIONS, OR JUST TO WEIGH THEIR BABY AND GET REASSURANCE THAT ALL IS GOING WELL - NO APPOINTMENT REQUIRED. NEARLY 1,000 INDIVIDUALS WERE SERVED IN 2017. KIDS ON THE BLOCK (KOTB) IS A TROUPE OF EDUCATIONAL PUPPETS THAT SINCE 1994 PERFORM PERSONAL SAFETY EDUCATION SHOWS ABOUT CHILD ABUSE PREVENTION AND BULLYING & STEREOTYPING PREVENTION FOR HILLSBOROUGH COUNTY PUBLIC AND PRIVATE ELEMENTARY SCHOOL STUDENTS. IN 2017, MORE THAN 23,000 CHILDREN WERE PROVIDED KNOWLEDGE TO RECOGNIZE INAPPROPRIATE, HARMFUL BEHAVIOR AND SEEK HELP. KOTB IS UNIQUE BECAUSE IT TAKES ITS MESSAGES DIRECTLY TO CHILDREN AND THEY WRITE LETTERS TO THE PUPPETS AFTER THE PERFORMANCES WHICH ARE USED TO IDENTIFY STUDENTS WHO NEED FURTHER HELP. BY WORKING TOGETHER WITH SCHOOLS AND COMMUNITY PARTNERS TO ENHANCE THE PERSONAL SAFETY AND CHARACTER EDUCATION CURRICULUM, WE CAN ENSURE THAT CHILDREN IN OUR COMMUNITY CAN GROW UP FREE FROM CHILD ABUSE AND BULLYING TO ACHIEVE THEIR HIGHEST ACADEMIC AND PERSONAL GOALS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM IS REVIEWED AT A BOARD MEETING PRIOR TO FILING OF THE INFORMATIONAL RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE AGENCY REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH THE EXECUTIVE DIRECTOR HE IS RESPONSIBLE FOR REVIEWING ANY NEW CONTRACTS OR AGREEMENTS TO INSURE TO THE EXTENT POSSIBLE THAT THESE CONTRACTS AND AGREEMENTS ARE NOT IN VIOLATION OF THE POLICY SHOULD A BOARD MEMBER BE FOUND IN CONFLICT WITH THE POLICY, THE BOARD MEMBER IS NOT PERMITTED TO VOTE REGARDING ANY AREA WHERE CONFLICT IS AN ISSUE IN ADDITION BOARD MEMBERS ARE EXCUSED FROM DISCUSSION WHERE SENSITIVITY OF CONTENT MATTER JEOPARDIZES THE AGENCY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SUBJECT TO REVIEW BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION OF THE ASSOCIATE DIRECTOR AND THE CFO ARE SUBJECT TO REVIEW BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPECIAL EVENTS 125,252 SPECIAL EVENTS -125,252

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHAMPIONS FOR CHILDREN INC

Employer identification number

59-1807551

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CAC COMMUNITY SERVICES LLC 3108 W AZEELE ST TAMPA, FL 33609 04-3798266	PRPTY MGMT	FL			NA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)