

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 11-01-2016, and ending 10-31-2017

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

C Name of organization
NATIONAL CHILDREN'S ALLIANCE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
516 C STREET NE

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20002

D Employer identification number
63-1044781

E Telephone number
(202) 548-0090

G Gross receipts \$ 17,098,170

F Name and address of principal officer
TERESA HUIZAR
516 C STREET NE
WASHINGTON, DC 20002

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: ▶ WWW.NATIONALCHILDRENSALLIANCE.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1992

M State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT THE DEVELOPMENT, GROWTH AND CONTINUANCE OF FACILITIES WHERE CHILD VICTIMS OF SEXUAL AND/OR PHYSICAL ABUSE CAN GO FOR INTERVENTION AND COUNSELING

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)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	24
6 Total number of volunteers (estimate if necessary)	10
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	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,013,310	15,128,312
9 Program service revenue (Part VIII, line 2g)	2,033,114	1,964,150
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	225	1,008
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,632	4,700
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,054,281	17,098,170
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,847,063	11,161,047
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,540,142	2,890,413
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 276,837		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,645,133	2,705,681
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,032,338	16,757,141
19 Revenue less expenses Subtract line 18 from line 12	21,943	341,029

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,583,437	6,163,117
21 Total liabilities (Part X, line 26)	1,563,797	1,802,448
22 Net assets or fund balances Subtract line 21 from line 20	4,019,640	4,360,669

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 2018-03-19

TERESA HUIZAR EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name BERT L SWAIN CPA	Preparer's signature BERT L SWAIN CPA	Date 2018-03-19	Check <input type="checkbox"/> if self-employed	PTIN P00238304
Firm's name ▶ DEMBO JONES PC			Firm's EIN ▶ 52-1073331	
Firm's address ▶ 6010 EXECUTIVE BLVD SUITE 900 ROCKVILLE, MD 20852			Phone no (301) 770-5100	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

TO SUPPORT THE DEVELOPMENT, GROWTH AND CONTINUANCE OF FACILITIES WHERE CHILD VICTIMS OF SEXUAL AND/OR PHYSICAL ABUSE CAN GO FOR INTERVENTION AND COUNSELING

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	12,920,047	including grants of \$	11,161,047	(Revenue \$)
	See Additional Data						

4b	(Code)	(Expenses \$	2,201,840	including grants of \$		(Revenue \$	1,704,504
	See Additional Data						

4c	(Code)	(Expenses \$	498,780	including grants of \$		(Revenue \$	264,346
	See Additional Data						

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

4e	Total program service expenses ▶		15,620,667				
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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>	Yes	
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>		No
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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>	Yes	
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>		No
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>	Yes	
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>	Yes	
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>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		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>		No
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	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			
(1) ERNESTINE BRIGGS-KING PRESIDENT	0 50	X		X				0	0	0
(2) KEVIN DOWLING VICE PRESIDENT	0 50	X		X				0	0	0
(3) ELIZABETH BRANDES TREASURER & PAST PRESIDENT	0 50	X		X				0	0	0
(4) JUSTIN FITZSIMMONS SECRETARY	0 50	X		X				0	0	0
(5) CAROLE SWIECICKI ACCREDITATION COMMITTEE CHAIR	0 50	X		X				0	0	0
(6) DOUG DEAN BOARD MEMBER	0 50	X						0	0	0
(7) ALETHEA MILLER BOARD MEMBER	0 50	X						0	0	0
(8) ADAM ROSENBERG BOARD MEMBER	0 50	X						0	0	0
(9) KAREN FARST BOARD MEMBER	0 50	X						0	0	0
(10) LEANDA WELKER LCSW-C BOARD MEMBER	0 50	X						0	0	0
(11) TERESA HUIZAR EXECUTIVE DIRECTOR	40 00			X				314,499	0	38,159
(12) KIM DAY DEPUTY DIRECTOR	40 00					X		181,705	0	17,740
(13) BRYAN BOESKIN DIRECTOR OF DEVELOPMENT	40 00					X		134,684	0	16,434
(14) DENISE EDWARDS DIRECTOR OF GOVT AFFAIRS	40 00					X		156,080	0	8,527
(15) IRINA HEIN DIRECTOR OF GRANTS MANAGEMENT	40 00					X		116,042	0	15,230
(16) PHILLIP WARENIK DIRECTOR OF COMMUNICATIONS	40 00					X		111,844	0	10,668

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

(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,014,854	0	106,758	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CRYSTAL CLEAR SOLUTIONS LLC 7816 FLICKER GROVE COLORADO SPRINGS, CO 80920	ACCOUNTING	181,086

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**

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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,524,170				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	604,142				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		15,128,312				
Program Service Revenue		Business Code					
	2a SOFTWARE PROJECT	900099	929,738	929,738			
	b MEMBERSHIP DUES	900099	435,276	435,276			
	c ACCREDITATION	900099	334,790	334,790			
	d CONFERENCE FEES	900099	264,346	264,346			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,964,150					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,008			1,008	
	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 \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	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	900099	4,700	4,700				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		4,700					
12 Total revenue. See Instructions		17,098,170	1,968,850	0	1,008		

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	11,161,047	11,161,047		
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	359,065	274,912	76,679	7,474
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	2,121,815	1,692,356	246,363	183,096
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	77,555	62,078	7,347	8,130
9 Other employee benefits	162,994	120,724	18,588	23,682
10 Payroll taxes	168,984	135,843	19,384	13,757
11 Fees for services (non-employees)				
a Management				
b Legal	8,225		8,225	
c Accounting	249,156	172,611	76,545	
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)	649,713	574,002	49,852	25,859
12 Advertising and promotion				
13 Office expenses	69,896	39,093	26,935	3,868
14 Information technology	297,899	297,899		
15 Royalties				
16 Occupancy				
17 Travel	108,139	91,533	16,541	65
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	562,682	531,051	31,631	
20 Interest	51,137		51,137	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,552		90,552	
23 Insurance	38,993		38,993	
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 ACCREDITATION	274,414	274,414		
b PUBLIC AWARENESS AND ED	90,295	90,295		
c PRINTING	46,492	42,225	962	3,305
d MISCELLANEOUS	33,333		33,333	
e All other expenses	134,755	60,584	66,570	7,601
25 Total functional expenses. Add lines 1 through 24e	16,757,141	15,620,667	859,637	276,837
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	1,941,377	1	566,604
	2 Savings and temporary cash investments	1,778,792	2	3,181,800
	3 Pledges and grants receivable, net	98,195	3	185,970
	4 Accounts receivable, net	76,760	4	125,601
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,556	9	67,836
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,022,225		
	b Less accumulated depreciation	1,047,135		
		1,584,723	10c	1,975,090
	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	37,034	15	60,216	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,583,437	16	6,163,117	
Liabilities	17 Accounts payable and accrued expenses	222,281	17	455,859
	18 Grants payable		18	
	19 Deferred revenue	89,475	19	115,116
	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	1,215,007	23	1,171,257
	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	37,034	25	60,216
	26 Total liabilities. Add lines 17 through 25	1,563,797	26	1,802,448
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	3,698,485	27	3,843,359
	28 Temporarily restricted net assets	321,155	28	517,310
	29 Permanently restricted net assets		29	
	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	4,019,640	33	4,360,669
	34 Total liabilities and net assets/fund balances	5,583,437	34	6,163,117

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	17,098,170
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,757,141
3	Revenue less expenses Subtract line 2 from line 1	3	341,029
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,019,640
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,360,669

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <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			
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	2a		No
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 63-1044781

Name: NATIONAL CHILDREN'S ALLIANCE INC

Form 990 (2016)

Form 990, Part III, Line 4a:

GRANTS ADMINISTRATION - NCA ADMINISTERS GRANTS TO PROVIDE SUPPORT TO BOTH EXISTING AND DEVELOPING CHILDREN'S ADVOCACY CENTERS

Form 990, Part III, Line 4b:

PROGRAM SERVICES - NCA PROVIDES SUPPORT TO EXISTING CHILDREN'S ADVOCACY CENTERS, ASSISTANCE TO COMMUNITIES DEVELOPING CHILDREN'S CENTER PROGRAMS AND INFORMATION TO COMMUNITIES NOT YET AWARE OF CHILDREN'S ADVOCACY CENTERS

Form 990, Part III, Line 4c:

PUBLIC AWARENESS - NCA EDUCATES THE PUBLIC REGARDING IDENTIFYING, REPORTING, AND INTERVENING IN CHILD ABUSE NCA ALSO EDUCATES POLICYMAKERS ON CHILD WELFARE POLICY AS IT RELATES TO CHILD ABUSE, CHILD SEX TRAFFICKING, AND CHILD ABUSE FATALITIES

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL CHILDREN'S ALLIANCE INC

Employer identification number

63-1044781

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) and 170(b)(1)(A)(vi)

(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,675,087	10,119,448	12,096,920	9,013,310	15,128,312	57,033,077
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	1,594,211	1,605,821	1,992,326	2,033,114	1,964,150	9,189,622
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	12,269,298	11,725,269	14,089,246	11,046,424	17,092,462	66,222,699
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						66,222,699

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	12,269,298	11,725,269	14,089,246	11,046,424	17,092,462	66,222,699
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	207	179	203	225	1,008	1,822
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	207	179	203	225	1,008	1,822
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).)	2,100	7,200	10,979	7,632	4,700	32,611
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,271,605	11,732,648	14,100,428	11,054,281	17,098,170	66,257,132
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.950 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.950 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2016.** 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—2015.** 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.		
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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NATIONAL CHILDREN'S ALLIANCE INC	Employer identification number 63-1044781
--------------------------------------------------------------	-----------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		No	
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		299,515
j	Total Add lines 1c through 1i			299,515
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	OTHER ACTIVITIES INCLUDE ACCOUNTING FEES, TRAVEL, SUPPLIES, POSTAGE, MEMBERSHIP DUES AND CONTRACT FEES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ **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.

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL CHILDREN'S ALLIANCE INC

Employer identification number
63-1044781

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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		614,460		614,460
b Buildings		1,676,031	828,110	847,921
c Leasehold improvements				
d Equipment		222,210	190,420	31,790
e Other		509,524	28,605	480,919
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,975,090

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION LIABILITY	60,216
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	60,216

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	17,107,875
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	9,705	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	9,705
3	Subtract line 2e from line 1		3	17,098,170
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	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	17,098,170

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	16,766,846
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	9,705	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	9,705
3	Subtract line 2e from line 1		3	16,757,141
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	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	16,757,141

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: 63-1044781

Name: NATIONAL CHILDREN'S ALLIANCE INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ALLIANCE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES THE ALLIANCE HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF OCTOBER 31, 2017 AND 2016 THE ALLIANCE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE ALLIANCE'S FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAX AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL CHILDREN'S ALLIANCE INC

Employer identification number

63-1044781

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for data entry and a 'See Additional Data Table' row.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 149
3 Enter total number of other organizations listed in the line 1 table. 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	INITIAL GRANT AWARDS- GRANT REPORTS WITH SUPPORTING DOCUMENTATION ARE REVIEWED AND SELECTED BY INDEPENDENT REVIEWERS MONITORING- STAFF CONDUCTS REVIEWS OF GRANT REPORTS FOR FEDERAL GRANT COMPLIANCE AT LEAST TWICE A YEAR OR MORE FREQUENTLY AS NECESSARY INTERNAL AUDITS ARE CONDUCTED TO ENSURE COMPLIANCE

Additional Data

Software ID:
Software Version:
EIN: 63-1044781
Name: NATIONAL CHILDREN'S ALLIANCE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA NETWORK OF CAC'S INC 450 S UNION STREET MONTGOMERY, AL 36104	63-1048697	501(C)3	152,897				2016 CH TIER2
ALABAMA NETWORK OF CAC'S INC 450 S UNION STREET MONTGOMERY, AL 36104	63-1048697	501(C)3	72,178				2017 CH QIAA2

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ARIZONA CHILD AND FAMILY ADVOCACY NETWORK 1310 SOUTH 3RD AVE YUMA, AZ 85364	86-0953031	501(C)3	52,045				2016 CH TIER3
ARIZONA CHILD AND FAMILY ADVOCACY NETWORK 1310 SOUTH 3RD AVE YUMA, AZ 85364	86-0953031	501(C)3	40,093				2017 CH QIAA3

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AVERA ST MARY'S CENTRAL SOUTH DAKOTA CHILD ASSESSMENT CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501	46-0230199	501(C)3	5,393				2016 TRIBAL EXPANSION OF CAC SERVICES
BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)3	20,893				2016 CAC RESPONSE TO CSEC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)3	7,965				2017 DTVF RESOURCES
BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)3	7,172				2017 DTVF TRAINING AWARDS

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BLUE SKY BRIDGE CAC 2617 IRIS HOLLOW PLACE BOULDER, CO 80304	84-1305384	501(C)3	5,532				2017 PROGRAM IMPROVEMENT MH
CACS OF OKLAHOMA INC 307 S SENECA BARTLESVILLE, OK 74003	73-1566086	501(C)3	179,743				2016 CH TIER2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CACS OF OKLAHOMA INC 307 S SENECA BARTLESVILLE, OK 74003	73-1566086	501(C)3	80,000				2017 CH QIAA2
CACS OF WISCONSIN POBOX 3396 MADISON, WI 53704	39-2004933	501(C)3	80,782				2016 CH TIER3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CACS OF WISCONSIN POBOX 3396 MADISON, WI 53704	39-2004933	501(C)3	105,854				2017 CH QIAA3
CALICO- CHILD ADVOCACY CENTERS OF CALIFORNIA 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501(C)3	179,852				2016 CH TIER2

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CALICO- CHILD ADVOCACY CENTERS OF CALIFORNIA 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501(C)3	95,617				2017 CH QIAA3
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 SOUTH DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)3	9,244				2017 DTVF SERVICE PROVISION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILD ADVOCACY CENTER FOUNDATION INC 301 BEECH ST FULTON, NY 13069	16-1603892	501(C)3	25,000				2016 CAC RESP TO CHILDREN WITH SBP
CHILD ADVOCACY CENTERS OF SOUTH DAKOTA (CACSD) PO BOX 89916 SIOUX FALLS, SD 57109	46-0227855	501(C)3	36,000				2016 CH TIER4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILD ADVOCACY CENTERS OF SOUTH DAKOTA (CACSD) PO BOX 89916 SIOUX FALLS, SD 57109	46-0227855	501(C)3	64,000				2017 CH QIAA4
CHILD ADVOCACY CENTERS OF WYOMING PO BOX 2631 CHEYENNE, WY 83001	83-0235044	501(C)3	19,690				2016 CH TIER4

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CHILD ADVOCACY CENTERS OF WYOMING PO BOX 2631 CHEYENNE, WY 83001	83-0235044	501(C)3	39,000				2017 CH QIAA4
CHILD ADVOCACY PROGRAM OF CHAUTAUQUA COUNTY 405 WEST THIRD STREET JAMESTOWN, NY 14701	27-3006132	501(C)3	18,199				2016 CAC RESP TO CHILDREN WITH SBP

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CHILD NETWORK 171 N WEST AVE SUITE 1 BRADLEY, IL 60915	36-3946186	501(C)3	10,301				2017 PROGRAM DEVELOPMENT
CHILDHAVEN CHILD ADVOCACY CENTER 807 W APACHE ST FARMINGTON, NM 87401	85-0206752	501(C)3	14,069				2016 CAC RESP TO CHILDREN WITH SBP

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CHILDHAVEN CHILD ADVOCACY CENTER 807 W APACHE ST FARMINGTON, NM 87401	85-0206752	501(C)3	8,830				2017 TRIBAL EXPANSION OF CAC SERVICES
CHILDREN'S ADVOCACY CENTER AT THE WESTCHESTER INSTITUTE FOR HUMAN DEV INC 20 HOSPITAL OVAL CEDARWOOD HALL VALHALLA, NY 10595	20-0738248	501(C)3	6,398				2016 PROGRAM IMPROVEMENT MH

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CHILDREN'S ADVOCACY CENTER- CAN COUNCIL GREAT LAKES BAY REGION BAY 715 N EUCLID BAY CITY, MI 48706	38-2520774	501(C)3	16,540				2016 PROGRAM DEVELOPMENT
CHILDREN'S ADVOCACY CENTER OF SUFFOLK COUNTY 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3273300	501(C)3	24,998				2016 CAC RESP TO CHILDREN WITH SBP

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CHILDREN'S ADVOCACY CENTER OF SUFFOLK COUNTY 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3273300	501(C)3	22,344				2016 PROGRAM IMPROVEMENT MH
CHILDREN'S ADVOCACY CENTER OF SUFFOLK COUNTY 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3273300	501(C)3	15,027				2017 DTVF SERVICE PROVISION

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CHILDREN'S ADVOCACY CENTERS OF ARKANSAS 2 EAST 56TH PLACE NORTH LITTLE ROCK, AR 72116	56-2417905	501(C)3	72,000				2016 CH TIER3
CHILDREN'S ADVOCACY CENTERS OF ARKANSAS 2 EAST 56TH PLACE NORTH LITTLE ROCK, AR 72116	56-2417905	501(C)3	120,000				2017 CH QIAA3

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CHILDREN'S ADVOCACY CENTERS OF DELAWARE INC 611 S DUPONT HIGHWAY SUITE 201 DOVER, DE 19901	51-0372506	501(C)3	71,000				2017 CH QIAA4
CHILDREN'S ADVOCACY CENTERS OF GEORGIA 127 CHURCH STREET NE SUITE 250 MARIETTA, GA 30060	31-1486065	501(C)3	241,281				2016 CH TIER2

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CHILDREN'S ADVOCACY CENTERS OF GEORGIA 127 CHURCH STREET NE SUITE 250 MARIETTA, GA 30060	31-1486065	501(C)3	74,800				2017 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF ILLINOIS 400 SOUTH 9TH STREET SUITE 203 SPRINGFIELD, IL 62701	36-4254553	501(C)3	341,488				2016 CH TIER1

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CHILDREN'S ADVOCACY CENTERS OF ILLINOIS 400 SOUTH 9TH STREET SUITE 203 SPRINGFIELD, IL 62701	36-4254553	501(C)3	240,974				2017 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF KANSAS 1057 COOLIDGE WICHITA, KS 67203	20-8497489	501(C)3	163,329				2016 CH TIER2

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CHILDREN'S ADVOCACY CENTERS OF KANSAS 1057 COOLIDGE WICHITA, KS 67203	20-8497489	501(C)3	93,000				2017 CH QIAA2
CHILDREN'S ADVOCACY CENTERS OF MISSISSIPPI 1675 LAKELAND DRIVE SUITE 402 JACKSON, MS 39216	27-2541336	501(C)3	34,585				2016 CH TIER4

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CHILDREN'S ADVOCACY CENTERS OF MISSISSIPPI 1675 LAKELAND DRIVE SUITE 402 JACKSON, MS 39216	27-2541336	501(C)3	92,000				2017 CH QIAA3
CHILDREN'S ADVOCACY CENTERS OF NORTH CAROLINA 112 S MARSHALL STREET GRAHAM, NC 27253	56-2047227	501(C)3	261,000				2016 CH TIER1

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CHILDREN'S ADVOCACY CENTERS OF NORTH CAROLINA 112 S MARSHALL STREET GRAHAM, NC 27253	56-2047227	501(C)3	174,337				2017 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA 1303 E CENTRAL AVE BISMARCK, NC 58501	27-3728431	501(C)3	18,000				2016 CH TIER4

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CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA 1303 E CENTRAL AVE BISMARCK, ND 58501	27-3728431	501(C)3	64,000				2017 CH QIAA4
CHILDREN'S ADVOCACY CENTERS OF TEXAS INC 1501 W ANDERSON LANE BLDG B1 AUSTIN, TX 78757	75-2581804	501(C)3	348,690				2016 CH TIER1

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CHILDREN'S ADVOCACY CENTERS OF TEXAS INC 1501 W ANDERSON LANE BLDG B1 AUSTIN, TX 78757	75-2581804	501(C)3	39,220				2016 MH LEARNING COLLABORATIVE
CHILDREN'S ADVOCACY CENTERS OF TEXAS INC 1501 W ANDERSON LANE BLDG B1 AUSTIN, TX 78757	75-2581804	501(C)3	337,000				2017 CH QIAA1

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CHILDREN'S ADVOCACY CENTERS OF VIRGINIA PO BOX 16834 BRISTOL, VA 24209	20-0617657	501(C)3	82,266				2016 CH TIER3
CHILDREN'S ADVOCACY CENTERS OF VIRGINIA PO BOX 16834 BRISTOL, VA 24209	20-0617657	501(C)3	70,943				2017 CH QIAA3

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CHILDREN'S ADVOCACY CENTERS OF WASHINGTON 3020 WILLAMETTE DR NE LACEY, WA 98516	20-8597550	501(C)3	62,968				2016 CH TIER3
CHILDREN'S ADVOCACY CENTERS OF WASHINGTON 3020 WILLAMETTE DR NE LACEY, WA 98516	20-8597550	501(C)3	155,000				2017 CH QIAA3

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CHILDREN'S ALLIANCE OF MONTANA PO BOX 666 BILLINGS, MT 59103	46-0730444	501(C)3	63,000				2016 CH TIER3
CHILDREN'S ALLIANCE OF MONTANA PO BOX 666 BILLINGS, MT 59103	46-0730444	501(C)3	91,736				2017 CH QIAA3

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CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 601 CHILDRENS LANE NORFOLK, VA 23507	54-0506321	501(C)3	24,240				2016 CAC RESPONSE TO CSEC
CHILDREN'S TRUST-CHILDREN'S ADVOCACY CENTER NEW RIVER VALLEY 90 COLLEGE ST CHRISTIANSBURG, VA 24073	51-0235891	501(C)3	5,482				2017 PROGRAM EXPANSION

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CHILDSAFE CENTER-CAC 411 N CAMERON ST SUITE 301 WINCHESTER, VA 22601	73-1666744	501(C)3	11,481				2017 PROGRAM DEVELOPMENT
COLORADO CHILDREN'S ALLIANCE 303 S BROADWAY STE 200-329 DENVER, CO 80919	84-1480528	501(C)3	85,023				2016 CH TIER3

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COLORADO CHILDREN'S ALLIANCE 303 S BROADWAY STE 200-329 DENVER, CO 80919	84-1480528	501(C)3	100,011				2017 CH QIAA3
DAY ONE - RI CHAPTER OF CACS 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)3	22,681				2016 CAC RESPONSE TO CSEC

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DAY ONE - RI CHAPTER OF CACS 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)3	17,281				2016 CH TIER4
DAY ONE - RI CHAPTER OF CACS 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)3	64,000				2017 CH QIAA4

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DAY ONE - RI CHAPTER OF CACS 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)3	5,022				2017 DTVF TRAINING AWARDS
DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BLVD DENVER, CO 80211	84-1155873	501(C)3	23,320				2016 CAC RESP TO CHILDREN WITH SBP

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DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BLVD DENVER, CO 80211	84-1155873	501(C)3	7,831				2017 CAC RESP TO PHYSICAL ABUSE
DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BLVD DENVER, CO 80211	84-1155873	501(C)3	5,344				2017 DTVF SERVICE PROVISION

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FAMILY AND CHILDREN'S PLACE 525 ZANE STREET LOUISVILLE, KY 40203	61-0549561	501(C)3	13,148				2017 DTVF SERVICE PROVISION
FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS INC 2940 EAST PARK AVENUE SUITE 2B TALLAHASSEE, FL 32301	59-3496460	501(C)3	146,441				2016 CH TIER2

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FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS INC 2940 EAST PARK AVENUE SUITE 2B TALLAHASSEE, FL 32301	59-3496460	501(C)3	190,000				2017 CH QIAA2
HAWAII STATE CHAPTER OF CHILDREN'S JUSTICE CENTERS 3019 PALI HIGHWAY HONOLULU, HI 96817	46-2365359	501(C)3	37,487				2016 CH TIER4

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HAWAII STATE CHAPTER OF CHILDREN'S JUSTICE CENTERS 3019 PALI HIGHWAY HONOLULU, HI 96817	46-2365359	501(C)3	85,000				2017 CH QIAA4
HOPE HAVEN OF THE LOWCOUNTRY 1212 CHARLES STREET BEAUFORT, SC 29902	57-1063332	501(C)3	17,628				2016 CAC RESPONSE TO PHYSICAL ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO NETWORK OF CHILDREN'S ADVOCACY CENTERS 1305 3RD STREET SOUTH NAMPA, ID 83651	82-0396300	501(C)3	28,276				2016 CH TIER4
IDAHO NETWORK OF CHILDREN'S ADVOCACY CENTERS 1305 3RD STREET SOUTH NAMPA, ID 83651	82-0396300	501(C)3	66,963				2017 CH QIAA4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA CHAPTER OF NATIONAL CHILDREN'S ALLIANCE CO THE CASIE CENTER 533 N NILES AVENUE SOUTH BEND, IN 46617	26-2269042	501(C)3	35,655				2016 CH TIER4
INDIANA CHAPTER OF NATIONAL CHILDREN'S ALLIANCE CO THE CASIE CENTER 533 N NILES AVENUE SOUTH BEND, IN 46617	26-2269042	501(C)3	85,000				2017 CH QIAA4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA CHAPTER OF CHILDREN'S ADVOCACY CENTERS 505 FIFTH AVE SUITE 1001 DES MOINES, IA 50309	27-0473272	501(C)3	26,372				2016 CH TIER4
IOWA CHAPTER OF CHILDREN'S ADVOCACY CENTERS 505 FIFTH AVE SUITE 1001 DES MOINES, IA 50309	27-0473272	501(C)3	85,000				2017 CH QIAA3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY ASSOCIATION OF CHILDREN'S ADVOCACY CENTERS 233 WOODSPOINT RD LEXINGTON, KY 40502	61-1395277	501(C)3	42,031				2016 CH TIER3
KENTUCKY ASSOCIATION OF CHILDREN'S ADVOCACY CENTERS 233 WOODSPOINT RD LEXINGTON, KY 40502	61-1395277	501(C)3	120,000				2017 CH QIAA3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS' FIRST 2675 MARTIN LUTHER KING JR BLVD EUGENE, OR 97401	93-1146901	501(C)3	7,345				2017 DTVF SERVICE PROVISION
KRISTI HOUSE INC 1265 NW 12 AVENUE MIAMI, FL 33136	65-0576650	501(C)3	20,050				2016 PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA ALLIANCE OF CHILDREN'S ADVOCACY CENTERS 220 LAVOISIER ST GRETNA, LA 70053	72-1474064	501(C)3	81,000				2016 CH TIER3
LOUISIANA ALLIANCE OF CHILDREN'S ADVOCACY CENTERS 220 LAVOISIER ST GRETNA, LA 70053	72-1474064	501(C)3	96,171				2017 CH QIAA3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE NETWORK OF CHILDREN'S ADVOCACY CENTERS 45 MEMORIAL CIRCLE SUITE 302 AUGUSTA, ME 04330	01-0420232	501(C)3	27,276				2016 CH TIER4
MAINE NETWORK OF CHILDREN'S ADVOCACY CENTERS 45 MEMORIAL CIRCLE SUITE 302 AUGUSTA, ME 04330	01-0420232	501(C)3	37,226				2017 CH QIAA4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND CHILDREN'S ALLIANCE 2300 N CHARLES ST STE 220 BALTIMORE, MD 21218	42-1602584	501(C)3	66,607				2016 CH TIER3
MARYLAND CHILDREN'S ALLIANCE 2300 N CHARLES ST STE 220 BALTIMORE, MD 21218	42-1602584	501(C)3	100,000				2017 CH QIAA3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS CHILDREN'S ALLIANCE 14 BEACON STREET SUITE 504 BOSTON, MA 02108	34-2006038	501(C)3	81,738				2016 CH TIER3
MASSACHUSETTS CHILDREN'S ALLIANCE 14 BEACON STREET SUITE 504 BOSTON, MA 02108	34-2006038	501(C)3	98,366				2016 MH LEARNING COLLABORATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS CHILDREN'S ALLIANCE 14 BEACON STREET SUITE 504 BOSTON, MA 02108	34-2006038	501(C)3	56,626				2017 CH QIAA3
MICHIGAN CHAPTER OF THE NATIONAL CHILDREN'S ALLIANCE 2855 44TH ST SW SUITE 140 GRANDVILLE, MI 49418	06-1821695	501(C)3	163,950				2016 CH TIER1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN CHAPTER OF THE NATIONAL CHILDREN'S ALLIANCE 2855 44TH ST SW SUITE 140 GRANDVILLE, MI 49418	06-1821695	501(C)3	217,595				2017 CH QIAA1
MINNESOTA CHILDREN'S ALLIANCE 2301 WOODBRIDGE STREET 200 ROSEVILLE, MN 55113	26-3318481	501(C)3	44,245				2016 CH TIER4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA CHILDREN'S ALLIANCE 2301 WOODBRIDGE STREET 200 ROSEVILLE, MN 55113	26-3318481	501(C)3	85,000				2017 CH QIAA4
MISSOURI KIDSFIRST 520 DIX ROAD SUITE C JEFFERSON CITY, MO 65109	27-0124899	501(C)3	198,000				2016 CH TIER2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI KIDSFIRST 520 DIX ROAD SUITE C JEFFERSON CITY, MO 65109	27-0124899	501(C)3	144,814				2017 CH QIAA2
NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS 11949 Q STREET OMAHA, NE 68137	47-4088844	501(C)3	17,686				2016 CH TIER3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS 11949 Q STREET OMAHA, NE 68137	47-4088844	501(C)3	69,000				2017 CH QIAA3
NEW JERSEY CHILDREN'S ALLIANCE 185 WASHINGTON ST NEWARK, NJ 07033	41-2255586	501(C)3	35,244				2016 CH TIER3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY CHILDREN'S ALLIANCE 185 WASHINGTON ST NEWARK, NJ 07033	41-2255586	501(C)3	27,898				2016 MH LEARNING COLLABORATIVE
NEW JERSEY CHILDREN'S ALLIANCE 185 WASHINGTON ST NEWARK, NJ 07033	41-2255586	501(C)3	75,000				2017 CH QIAA3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MEXICO CHILDREN'S ALLIANCE 807 W APACHE ST FARMINGTON, NM 87401	85-0206752	501(C)3	10,363				2016 CH TIER4
NEW MEXICO CHILDREN'S ALLIANCE 807 W APACHE ST FARMINGTON, NM 87401	85-0206752	501(C)3	73,929				2017 CH QIAA4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK STATE CHILDREN'S ALLIANCE INC 301 N UNION STREET SUITE 305 OLEAN, NY 14760	27-3705749	501(C)3	282,896				2016 CH TIER1
NEW YORK STATE CHILDREN'S ALLIANCE INC 301 N UNION STREET SUITE 305 OLEAN, NY 14760	27-3705749	501(C)3	203,716				2017 CH QIAA1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN CHILDREN'S ASSESSMENT CENTER 112 S 4TH ST ROSCOMMON, MI 48653	38-3923573	501(C)3	13,798				2017 PROGRAM DEVELOPMENT
NORTHERN MICHIGAN MOBILE CHILD ADVOCACY CENTER 127 N 2ND STREET HARRISON, MI 48625	46-2508124	501(C)3	23,124				2016 PROGRAM DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO NETWORK OF CHILDREN'S ADVOCACY CENTERS 90 NORTHWOODS BLVD SUITE B2 COLUMBUS, OH 43235	01-0688897	501(C)3	192,017				2016 CH TIER2
OHIO NETWORK OF CHILDREN'S ADVOCACY CENTERS 90 NORTHWOODS BLVD SUITE B2 COLUMBUS, OH 43235	01-0688897	501(C)3	85,064				2017 CH QIAA2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PA CHAPTER OF CHILDREN'S ADVOCACY CENTERS & MULTIDISCIPLINARY TEAMS 626 JAMES ST ERIE, PA 16509	20-8387293	501(C)3	121,654				2016 CH TIER2
PA CHAPTER OF CHILDREN'S ADVOCACY CENTERS & MULTIDISCIPLINARY TEAMS 626 JAMES ST ERIE, PA 16509	20-8387293	501(C)3	190,000				2017 CH QIAA2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILADELPHIA CHILDREN'S ALLIANCE 300 EAST HUNTING PARK AVENUE PHILADELPHIA, PA 19124	23-2526605	501(C)3	7,688				2017 DTVF TRAINING AWARDS
SAFE HARBOR CHILD ADVOCACY CENTER 180 HANSON AVE SUITE 100 FREDERICKSBURG, VA 22401	26-1563081	501(C)3	9,132				2016 PROGRAM IMPROVEMENT MH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFEPATH CHILDREN'S ADVOCACY CENTER INC 736 WHITLOCK AVENUE SUITE 600 MARIETTA, GA 30064	58-1662987	501(C)3	10,579				2017 CAC RESP TO PHYSICAL ABUSE
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX 4031 CHAIN BRIDGE ROAD SUITE 201 FAIRFAX, VA 22030	46-1358388	501(C)3	24,388				2016 PROGRAM EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX 4031 CHAIN BRIDGE ROAD SUITE 201 FAIRFAX, VA 22030	46-1358388	501(C)3	9,127				2017 PROGRAM IMPROVEMENT MH
SANFORD HEALTH DAKOTA CHILDREN'S ADVOCACY CENTER 200 E MAIN 301 BISMARCK, ND 58501	45-0226700	501(C)3	22,486				2016 CAC RESPONSE TO PHYSICAL ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANTA ROSA KID'S HOUSE INC 5643 STEWART STREET MILTON, FL 32570	20-1524354	501(C)3	13,836				2017 DTVF TRAINING AWARDS
SOS CHILD ADVOCACY CENTER 25 W 5TH STREET EMPORIA, KS 66801	48-0912446	501(C)3	13,004				2016 PROGRAM IMPROVEMENT MH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTH CAROLINA NETWORK OF CHILDREN'S ADVOCACY CENTERS 1300 PICKENS ST COLUMBIA, SC 29201	86-1158952	501(C)3	74,885				2016 CH TIER3
SOUTH CAROLINA NETWORK OF CHILDREN'S ADVOCACY CENTERS 1300 PICKENS ST COLUMBIA, SC 29201	86-1158952	501(C)3	141,408				2017 CH QIAA3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHERN TIER CHILD ADVOCACY CENTER ONE BLUE BIRD SQUARE OLEAN, NY 14760	16-1469489	501(C)3	19,474				2016 CAC RESP TO CHILDREN WITH SBP
START CHILDREN'S CENTER 131 6TH AVENUE TROY, NY 12180	58-2546388	501(C)3	17,426				2016 CAC RESP TO CHILDREN WITH SBP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUPPORT ADVOCACY AND RESOURCE CENTER (SARC) KIDS HAVEN 830 NORTH COLUMBIA CENTER BLVD SUITE H KENNEWICK, WA 99336	91-1178405	501(C)3	14,992				2017 DTVF TRAINING AWARDS
SYNERGY SERVICES CHILDREN'S ADVOCACY CENTER 400 EAST 6TH STREET PARKVILLE, MO 64152	43-0970674	501(C)3	22,180				2016 CAC RESPONSE TO PHYSICAL ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNESSEE CHAPTER OF CACS 4711 TROUSDALE DRIVE SUITE 124 NASHVILLE, TN 37220	62-1679668	501(C)3	270,000				2016 CH TIER1
TENNESSEE CHAPTER OF CACS 4711 TROUSDALE DRIVE SUITE 124 NASHVILLE, TN 37220	62-1679668	501(C)3	205,380				2017 CH QIAA1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALASKA CHILDREN'S ALLIANCE 3003 CARROLL LANE ANCHORAGE, AK 99517	20-0798040	501(C)3	41,363				2016 CH TIER4
THE ALASKA CHILDREN'S ALLIANCE 3003 CARROLL LANE ANCHORAGE, AK 99517	20-0798040	501(C)3	71,000				2017 CH QIAA4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CAROUSEL CENTER INC 1501 DOCK STREET WILMINGTON, NC 284014936	56-2098739	501(C)3	24,384				2016 PROGRAM IMPROVEMENT MH
THE CHILDREN'S ADVOCACY CENTER OF BRISTOL COUNTY INC 58 ARCH STREET FALL RIVER, MA 02724	04-3135548	501(C)3	12,055				2016 PROGRAM EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONNECTICUT CHILDREN'S ALLIANCE 75 CHARTER OAK AVENUE SUITE 1-309 HARTFORD, CT 06106	27-0182554	501(C)3	72,000				2016 CH TIER3
THE CONNECTICUT CHILDREN'S ALLIANCE 75 CHARTER OAK AVENUE SUITE 1-309 HARTFORD, CT 06106	27-0182554	501(C)3	62,500				2017 CH QIAA3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DEE NORTON LOWCOUNTRY CHILDREN'S CENTER INC 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)3	21,841				2016 CAC RESPONSE TO CSEC
THE DEE NORTON LOWCOUNTRY CHILDREN'S CENTER INC 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)3	21,679				2016 CAC RESPONSE TO PHYSICAL ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DEE NORTON LOWCOUNTRY CHILDREN'S CENTER INC 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)3	8,611				2017 DTVF RESOURCES
THE GRANITE STATE CHILDREN'S ALLIANCE 2 WELLMAN AVE SUITE 140 NASHUA, NH 03064	74-3186259	501(C)3	36,000				2016 CH TIER3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GRANITE STATE CHILDREN'S ALLIANCE 2 WELLMAN AVE SUITE 140 NASHUA, NH 03064	74-3186259	501(C)3	109,514				2017 CH QIAA3
THE HOWARD PHILLIPS CENTER CHILDREN'S ADVOCACY CENTER 601 WEST MICHIGAN STREET ORLANDO, FL 32805	59-1726273	501(C)3	23,650				2016 CAC RESPONSE TO PHYSICAL ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOWARD PHILLIPS CENTER CHILDREN'S ADVOCACY CENTER 601 WEST MICHIGAN STREET ORLANDO, FL 32805	59-1726273	501(C)3	15,902				2016 PROGRAM IMPROVEMENT MH
THE OREGON NETWORK OF CHILD ABUSE INTERVENTION CENTERS 1827 NE 44TH AVE SUITE 220 PORTLAND, OR 97213	93-1293021	501(C)3	71,766				2016 CH TIER3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OREGON NETWORK OF CHILD ABUSE INTERVENTION CENTERS 1827 NE 44TH AVE SUITE 220 PORTLAND, OR 97213	93-1293021	501(C)3	52,000				2017 CH QIAA3
UTAH ATTORNEY GENERAL - CHILDREN'S JUSTICE CENTER PROGRAM 5272 S COLLEGE DRIVE 200 SALT LAKE CITY, UT 84123	87-6000545	501(C)1	78,547				2016 CH TIER3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH ATTORNEY GENERAL - CHILDREN'S JUSTICE CENTER PROGRAM 5272 S COLLEGE DRIVE 200 SALT LAKE CITY, UT 84123	87-6000545	501(C)1	61,813				2017 CH QIAA3
VERMONT CHILDREN'S ALLIANCE 80 WEST STREET STE 203 RUTLAND, VT 05702	27-3145131	501(C)3	30,293				2016 CH TIER4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT CHILDREN'S ALLIANCE 80 WEST STREET STE 203 RUTLAND, VT 05702	27-3145131	501(C)3	70,074				2017 CH QIAA3
WEST VIRGINIA CHILD ADVOCACY NETWORK 601 MORRIS ST STE 202 CHARLESTON, WV 25301	38-3784521	501(C)3	152,611				2016 CH TIER2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA CHILD ADVOCACY NETWORK 601 MORRIS ST STE 202 CHARLESTON, WV 25301	38-3784521	501(C)3	123,174				2017 CH QIAA2
WESTERN KANSAS CHILD ADVOCACY CENTER - MOBILE UNIT 103 E 9TH ST SCOTT CITY, KS 678711743	20-1055623	501(C)3	5,476				2017 DTVF SERVICE PROVISION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK COUNTY CHILDREN'S ADVOCACY CENTER 28 S QUEEN STREET YORK, PA 17403	74-3054788	501(C)3	6,355				2016 CAC RESPONSE TO CSEC

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization NATIONAL CHILDREN'S ALLIANCE INC	Employer identification number 63-1044781
--------------------------------------------------------------	----------------------------------------------

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TERESA HUIZAR EXECUTIVE DIRECTOR	(i)	298,533 -----	15,966 -----	0 -----	17,769 -----	20,390 -----	352,658 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 KIM DAY DEPUTY DIRECTOR	(i)	171,705 -----	10,000 -----	0 -----	0 -----	17,740 -----	199,445 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 BRYAN BOESKIN DIRECTOR OF DEVELOPMENT	(i)	130,684 -----	4,000 -----	0 -----	0 -----	16,434 -----	151,118 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 DENISE EDWARDS DIRECTOR OF GOVT AFFAIRS	(i)	152,080 -----	4,000 -----	0 -----	0 -----	8,527 -----	164,607 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	THE EXECUTIVE DIRECTOR WAS AWARDED A CASH BONUS BASED ON AN ANNUAL PERFORMANCE EVALUATION BY THE EXECUTIVE COMMITTEE. THE DEPUTY DIRECTOR, DIRECTOR OF DEVELOPMENT, AND DIRECTOR OF GOVERNMENT AFFAIRS WERE AWARDED CASH BONUSES BASED ON ANNUAL PERFORMANCE EVALUATIONS BY THE EXECUTIVE DIRECTOR.

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL CHILDREN'S ALLIANCE INC

Employer identification number

63-1044781

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	NCA OUTSOURCES ITS ACCOUNTING FUNCTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE TYPES OF MEMBERS ARE ACCREDITED, ASSOCIATE, AND CHAPTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACCREDITED MEMBERS MAY ELECT SIX SLOTS ON THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	MINUTES ARE DOCUMENTED FOR BOARD OF DIRECTORS MEETINGS COMMITTEE MEETINGS DO NOT HAVE WRITTEN MINUTES DUE TO THE CONFIDENTIAL NATURE OF BUSINESS DISCUSSED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ELECTRONIC COPIES OF 990 ARE EMAILED TO BOARD MEMBERS FOR REVIEW PRIOR TO SUBMISSION TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICT AT TIME OF TRANSACTIONS TO BE CONDUCTED THEY ARE REQUIRED TO ABSTAIN FROM VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR'S COMPENSATION AND REVIEW IS DONE BY EXECUTIVE COMMITTEE AND THEN APPROVED BY THE BOARD EMPLOYEES' COMPENSATION AND REVIEW IS DONE BY EXECUTIVE DIRECTOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES WILL BE PROVIDED UPON REQUEST IN WRITING OR IN PERSON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE OVERSIGHT PROCESS FOR THE AUDIT DID NOT CHANGE FROM THE PRIOR YEAR