

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 11-01-2017, and ending 10-31-2018

- 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 \$ 14,009,676

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)	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	32
6 Total number of volunteers (estimate if necessary)	9
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	5,485

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,128,312	12,036,680
9 Program service revenue (Part VIII, line 2g)	1,964,150	1,962,129
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,008	1,482
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,700	9,385
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,098,170	14,009,676

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,161,047	8,467,785
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)	2,890,413	3,303,598
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 341,762		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,705,681	3,025,689
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,757,141	14,797,072
19 Revenue less expenses Subtract line 18 from line 12	341,029	-787,396

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,163,117	5,307,159
21 Total liabilities (Part X, line 26)	1,802,448	1,733,886
22 Net assets or fund balances Subtract line 21 from line 20	4,360,669	3,573,273

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 2019-03-01
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 2019-03-01	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	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 TO 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 \$ 10,334,894 including grants of \$ 8,467,785) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ 2,162,101 including grants of \$) (Revenue \$ 1,643,454)
 See Additional Data

4c (Code) (Expenses \$ 689,257 including grants of \$) (Revenue \$ 328,060)
 See Additional Data

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

4e Total program service expenses ▶ 13,186,252

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CRYSTAL COLLETTE 516 C STREET NE WASHINGTON, DC 20002 (719) 527-0960

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) KEVIN DOWLING PRESIDENT	0 50	X		X				0	0	0
(2) CAROLE SWIECICKI VICE PRESIDENT	0 50	X		X				0	0	0
(3) JUSTIN FITZSIMMONS TREASURER & SECRETARY	0 50	X		X				0	0	0
(4) ERNESTINE BRIGGS-KING PAST PRESIDENT	0 50	X		X				0	0	0
(5) ADAM ROSENBERG BOARD MEMBER & GOVERNANCE CHAIR	0 50	X						0	0	0
(6) ANNE COMSTOCK BOARD MEMBER	0 50	X						0	0	0
(7) ALETHEA MILLER BOARD MEMBER	0 50	X						0	0	0
(8) CHANNING PETRAK BOARD MEMBER	0 50	X						0	0	0
(9) LEANDA WELKER LCSW-C BOARD MEMBER	0 50	X						0	0	0
(10) TERESA HUIZAR EXECUTIVE DIRECTOR	40 00			X			322,667	0	22,688	
(11) KIM DAY DEPUTY DIRECTOR	40 00				X		187,682	0	19,983	
(12) DENISE EDWARDS DIRECTOR OF GOVT AFFAIRS	40 00				X		160,007	0	14,806	
(13) BRYAN BOESKIN DIRECTOR OF DEVELOPMENT	40 00					X	140,388	0	17,961	
(14) IRINA HEIN DIRECTOR OF GRANTS MANAGEM	40 00					X	121,012	0	16,743	
(15) PHILLIP WARENK DIRECTOR OF COMMUNICATIONS	40 00					X	115,960	0	12,107	
(16) KRISTIE MCKENNEY DIRECTOR OF CHAPTER DEVELOPMENT	40 00					X	109,670	0	13,856	
(17) DAVID BETZ DIRECTOR OF ACCREDITATION	40 00					X	120,530	0	15,506	

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 ▶										
1c Total from continuation sheets to Part VII, Section A ▶										
1d Total (add lines 1b and 1c) ▶							1,277,916	0	133,650	

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 ▶ **9**

	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>	3	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>	4	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>	5	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	197,468

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	11,752,433				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	284,247				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			12,036,680			
Program Service Revenue			Business Code				
	2a SOFTWARE PROJECT		900099	871,715	871,715		
	b MEMBERSHIP DUES		900099	441,091	441,091		
	c CONFERENCE FEES		900099	328,060	328,060		
	d ACCREDITATION		900099	321,263	321,263		
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,962,129				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,482		1,482	
	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	9,385	9,385			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			9,385				
12 Total revenue. See Instructions			14,009,676	1,971,514	0	1,482	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,467,785	8,467,785		
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.	745,254	483,790	249,425	12,039
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.	2,101,217	1,552,660	335,417	213,140
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	90,561	67,423	13,780	9,358
9 Other employee benefits.	172,619	143,690	12,428	16,501
10 Payroll taxes.	193,947	139,271	38,927	15,749
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	270,065	165,593	88,676	15,796
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).	963,356	830,478	90,751	42,127
12 Advertising and promotion.				
13 Office expenses.	70,645	40,883	28,305	1,457
14 Information technology.	431,611	431,611		
15 Royalties.				
16 Occupancy.				
17 Travel.	154,472	135,247	17,211	2,014
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	431,919	378,217	52,965	737
20 Interest.	56,548		56,548	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	114,908		114,908	
23 Insurance.	50,612		50,612	
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 TAXES	1,266		1,266	
b ACCREDITATION	222,625	222,625		
c EQUIPMENT & BUILDING EX	46,182	6,814	39,368	
d PUBLIC AWARENESS AND ED	40,335	40,335		
e All other expenses	171,145	79,830	78,471	12,844
25 Total functional expenses. Add lines 1 through 24e.	14,797,072	13,186,252	1,269,058	341,762
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	566,604	1	237,229
	2 Savings and temporary cash investments	3,181,800	2	2,233,282
	3 Pledges and grants receivable, net	185,970	3	189,435
	4 Accounts receivable, net	125,601	4	122,629
	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	67,836	9	76,491
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,525,912		
	b Less accumulated depreciation	1,162,043		
		1,975,090	10c	2,363,869
	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	60,216	15	84,224	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,163,117	16	5,307,159	
Liabilities	17 Accounts payable and accrued expenses	455,859	17	415,019
	18 Grants payable		18	
	19 Deferred revenue	115,116	19	106,417
	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	1,171,257	23	1,128,226
	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	60,216	25	84,224
	26 Total liabilities. Add lines 17 through 25	1,802,448	26	1,733,886
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	3,843,359	27	3,256,081
	28 Temporarily restricted net assets	517,310	28	317,192
	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	4,360,669	33	3,573,273
	34 Total liabilities and net assets/fund balances	6,163,117	34	5,307,159

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	14,009,676
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,797,072
3	Revenue less expenses Subtract line 2 from line 1	3	-787,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,360,669
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	3,573,273

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 (2017)

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 990-EZ)

Public Charity Status and Public Support

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

2017

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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**

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,119,448	12,096,920	9,013,310	15,128,312	12,036,380	58,394,370
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	1,605,821	1,992,326	2,033,114	1,964,150	1,962,129	9,557,540
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	11,725,269	14,089,246	11,046,424	17,092,462	13,998,509	67,951,910
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.)						67,951,910

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	11,725,269	14,089,246	11,046,424	17,092,462	13,998,509	67,951,910
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179	203	225	1,008	1,482	3,097
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	179	203	225	1,008	1,482	3,097
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.)	7,200	10,979	7,632	4,700	9,385	39,896
13 Total support. (Add lines 9, 10c, 11, and 12.)	11,732,648	14,100,428	11,054,281	17,098,170	14,009,376	67,994,903
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 2017 (line 8, column (f) divided by line 13, column (f))	15	99.940%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.950%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 63-1044781

Name: NATIONAL CHILDREN'S ALLIANCE INC

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

OMB No 1545-0047

2017
Open to Public Inspection

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.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$ _____
- Volunteer hours for political campaign activities (see instructions) _____

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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-
1				
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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?		No	
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		425,011
j Total Add lines 1c through 1i			425,011
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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2017
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.

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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 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		1,707,162	901,410	805,752
c Leasehold improvements				
d Equipment		222,210	208,191	14,019
e Other		982,080	52,442	929,638
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,363,869

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	84,224
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	84,224

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	14,051,732
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	42,056	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	42,056
3	Subtract line 2e from line 1		3	14,009,676
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	14,009,676

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	14,839,128
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	42,056	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	42,056
3	Subtract line 2e from line 1		3	14,797,072
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	14,797,072

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, 2018 AND 2017 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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (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 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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 188
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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	75,615				2017 CH QIAA2
ALABAMA NETWORK OF CAC'S INC 450 S UNION STREET MONTGOMERY, AL 36104	63-1048697	501(C)3	83,937				2018 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
ARIZONA CHILD AND FAMILY ADVOCACY NETWORK 1310 SOUTH 3RD AVE YUMA, AZ 85364	86-0953031	501(C)3	50,656				2017 CH QIAA3
ARIZONA CHILD AND FAMILY ADVOCACY NETWORK 1310 SOUTH 3RD AVE YUMA, AZ 85364	86-0953031	501(C)3	52,734				2018 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
AVERA ST MARY'S CENTRAL SOUTH DAKOTA CHILD ASSESSMENT CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501	46-0230199	501(C)3	25,000				2017 TRIBAL EXPANSION OF CAC SERVICES
BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)3	11,363				2017 DTVF ADDENDUM

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
BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)3	36,841				2017 DTVF RESOURCES
BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)3	27,617				2017 DTVF TRAINING AWARDS

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
BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)3	23,897				2017 PROGRAM IMPROVEMENT MH
BALTIMORE COUNTY CHILD ADVOCACY CENTER 6401 YORK ROAD BALTIMORE, MD 21212	52-6000889	501(C)3	8,747				2018 DTVF TRAINING AWARDS

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
BATON ROUGE CHILDREN'S ADVOCACY CENTER 626 EAST BLVD BATON ROUGE, LA 70802	26-0028918	501(C)3	26,051				2018 DTVF SERVICE PROVISION
BLUE SKY BRIDGE CAC 2617 IRIS HOLLOW PLACE BOULDER, CO 80304	84-1305384	501(C)3	19,468				2017 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
BRAVEHEART CHILDREN'S ADVOCACY CENTER 292 SOUTH EAST ROAD CAMBRIDGE, IL 61238	36-4361499	501(C)3	13,300				2018 DTVF TRAINING AWARDS
CACS OF OKLAHOMA INC 706 EAST 3RD STREET BARTLESVILLE, OK 74003	73-1566086	501(C)3	86,248				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
CACS OF OKLAHOMA INC 706 EAST 3RD STREET BARTLESVILLE, OK 74003	73-1566086	501(C)3	70,000				2018 CH QIAA2
CACS OF WISCONSIN PO BOX 3396 MADISON, WI 53704	39-2004933	501(C)3	14,068				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
CACS OF WISCONSIN PO BOX 3396 MADISON, WI 53704	39-2004933	501(C)3	82,500				2018 CH QIAA3
CALICO- CHILD ADVOCACY CENTERS OF CALIFORNIA 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501(C)3	97,540				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
CALICO- CHILD ADVOCACY CENTERS OF CALIFORNIA 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501(C)3	115,000				2018 CH QIAA2
CHAVES COUNTY CHILDREN'S ADVOCACY CENTER 500 NORTH MAIN STREET STE310 ROSWELL, NM 88201	85-0375943	501(C)3	18,805				2018 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
CHESTERFIELD COUNTY CHILDREN'S ADVOCACY CENTER 12204 IRON BRIDGE ROAD CHESTER, VA 23831	54-6001208	501(C)3	7,005				2018 PROGRAM EXPANSION
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)3	5,000				2017 DTVF ADDENDUM

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
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)3	50,756				2017 DTVF SERVICE PROVISION
CHILD ADVOCACY CENTERS OF SOUTH DAKOTA (CACSD) 1305 WEST 18TH STREET ROUTING 6361 SIOUX FALLS, SD 57117	46-0227855	501(C)3	32,265				2018 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
CHILD ADVOCACY CENTERS OF WYOMING 350 N ASH STREET CASPER, WY 82601	20-5898131	501(C)3	27,249				2017 CH QIAA4
CHILD ADVOCACY CENTERS OF WYOMING 350 N ASH STREET CASPER, WY 82601	20-5898131	501(C)3	44,931				2018 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
CHILD ADVOCACY PROGRAM OF THE FINGER LAKES (ONTARIO COUNTY) 482 NORTH MAIN STREET CANANDAIGUA, NY 14424	16-1546830	501(C)3	23,189				2017 PROGRAM DEVELOPMENT
CHILDHAVEN CHILD ADVOCACY CENTER 807 W APACHE ST FARMINGTON, NM 87401	85-0206752	501(C)3	11,236				2017 TRIBAL EXPANSION OF CAC SERVICES

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
CHILDHAVEN CHILD ADVOCACY CENTER 807 W APACHE ST FARMINGTON, NM 87401	85-0206752	501(C)3	6,617				2018 DTVF SERVICE PROVISION
CHILDREN'S ADVOCACY CENTER FOR CHILD ABUSE ASSESSMENT AND TREATMENT 1650 E OLD BADILLO ST C3 COVINA, CA 91724	86-1051258	501(C)3	15,023				2017 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
CHILDREN'S ADVOCACY CENTER OF BREVARD 6905 N WICKHAM RD SUITE 403 MELBOURNE, FL 32940	59-2432318	501(C)3	17,181				2017 PROGRAM IMPROVEMENT MH
CHILDREN'S ADVOCACY CENTER OF FRANKLIN COUNTY AND NORTH QUABBIN INC 56 WISDOM WAY GREENFIELD, MA 01301	47-4386987	501(C)3	16,985				2017 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
CHILDREN'S ADVOCACY CENTER OF LAWRENCE COUNTY 2010 WEST STATE STREET NEW CASTLE, PA 16101	25-1581304	501(C)3	8,382				2018 CAC RESP TO PHYSICAL ABUSE
CHILDREN'S ADVOCACY CENTER OF NORTHEASTERN PENNSYLVANIA 1710 MULBERRY STREET SCRANTON, PA 18510	23-2972024	501(C)3	18,886				2017 DTVF ADDENDUM

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
CHILDREN'S ADVOCACY CENTER OF NORTHEASTERN PENNSYLVANIA 1710 MULBERRY STREET SCRANTON, PA 18510	23-2972024	501(C)3	15,661				2017 DTVF TRAINING AWARDS
CHILDREN'S ADVOCACY CENTER OF SAN FRANCISCO - SAFE AND SOUND 3450 THIRD STREET BUILDING 2 SUITE 300 SAN FRANCISCO, CA 94124	94-2455072	501(C)3	13,174				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
CHILDREN'S ADVOCACY CENTER OF SAN FRANCISCO - SAFE AND SOUND 3450 THIRD STREET BUILDING 2 SUITE 300 SAN FRANCISCO, CA 94124	94-2455072	501(C)3	27,333				2018 DTVF SERVICE PROVISION
CHILDREN'S ADVOCACY CENTER OF SUFFOLK COUNTY 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3273300	501(C)3	9,590				2017 DTVF ADDENDUM

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
CHILDREN'S ADVOCACY CENTER OF SUFFOLK COUNTY 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3273300	501(C)3	42,162				2017 DTVF SERVICE PROVISION
CHILDREN'S ADVOCACY CENTERS OF ARKANSAS 124 WEST CAPITOL AVE SUITE 865 LITTLE ROCK, AR 72201	56-2417905	501(C)3	134,000				2018 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
CHILDREN'S ADVOCACY CENTERS OF DELAWARE INC 611 S DUPONT HIGHWAY DOVER, DE 19901	51-0372506	501(C)3	61,275				2018 CH QIAA4
CHILDREN'S ADVOCACY CENTERS OF GEORGIA 127 CHURCH STREET NE MARIETTA, GA 30060	31-1486065	501(C)3	140,500				2018 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
CHILDREN'S ADVOCACY CENTERS OF GEORGIA 127 CHURCH STREET NE MARIETTA, GA 30060	31-1486065	501(C)3	184,661				2017 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF ILLINOIS 400 SOUTH 9TH STREET SPRINGFIELD, IL 62701	36-4254553	501(C)3	73,970				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
CHILDREN'S ADVOCACY CENTERS OF ILLINOIS 400 SOUTH 9TH STREET SPRINGFIELD, IL 62701	36-4254553	501(C)3	144,635				2018 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF KANSAS 1211 S EMPORIA AVE WICHITA, KS 67211	20-8497489	501(C)3	83,048				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
CHILDREN'S ADVOCACY CENTERS OF KANSAS 1211 S EMPORIA AVE WICHITA, KS 67211	20-8497489	501(C)3	176,000				2018 CH QIAA2
CHILDREN'S ADVOCACY CENTERS OF MICHIGAN 2855 44TH ST STE 140 GRANDVILLE, MI 49418	06-1821695	501(C)3	49,405				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
CHILDREN'S ADVOCACY CENTERS OF MICHIGAN 2855 44TH ST STE 140 GRANDVILLE, MI 49418	06-1821695	501(C)3	199,143				2018 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF MISSISSIPPI 1675 LAKELAND DRIVE JACKSON, MS 39216	27-2541336	501(C)3	72,250				2018 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
CHILDREN'S ADVOCACY CENTERS OF NEVADA 621 S BLAGG PAHRUMP, NV 89048	88-0351314	501(C)3	21,328				2018 CH QIAA4
CHILDREN'S ADVOCACY CENTERS OF NORTH CAROLINA 112 S MARSHALL STREET GRAHAM, NC 27253	56-2047227	501(C)3	99,663				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
CHILDREN'S ADVOCACY CENTERS OF NORTH CAROLINA 112 S MARSHALL STREET GRAHAM, NC 27253	56-2047227	501(C)3	172,254				2018 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA 1303 EAST CENTRAL AVE BISMARCK, ND 58501	27-3728431	501(C)3	7,000				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
CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA 1303 EAST CENTRAL AVE BISMARCK, ND 58501	27-3728431	501(C)3	39,500				2018 CH QIAA4
CHILDREN'S ADVOCACY CENTERS OF TEXAS INC 1501 W ANDERSON LANE BLDG B1 AUSTIN, TX 78757	75-2581804	501(C)3	230,000				2018 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
CHILDREN'S ADVOCACY CENTERS OF VIRGINIA PO BOX 16834 BRISTOL, VA 24202	20-0617657	501(C)3	77,057				2017 CH QIAA3
CHILDREN'S ADVOCACY CENTERS OF VIRGINIA PO BOX 16834 BRISTOL, VA 24202	20-0617657	501(C)3	47,099				2018 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
CHILDREN'S ADVOCACY CENTERS OF WASHINGTON 3020 WILLAMETTE DR NE LACEY, WA 98516	20-8597550	501(C)3	100,280				2018 CH QIAA2
CHILDREN'S ALLIANCE OF MONTANA PO BOX 666 BILLINGS, MT 59103	46-0730444	501(C)3	7,264				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
CHILDREN'S ALLIANCE OF MONTANA PO BOX 666 BILLINGS, MT 59103	46-0730444	501(C)3	120,000				2018 CH QIAA3
CHILDREN'S HOME CHILD ADVOCACY CENTER 1330 JOLLY LANE RAPID CITY, SD 57783	46-0224542	501(C)3	20,494				2017 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
CHILDREN'S HOME SOCIETY - CHILD PROTECTION TEAM 1801 MICCOSUKEE COMMONS DR TALLAHASSEE, FL 32308	59-0192430	501(C)3	13,138				2018 DTVF SERVICE PROVISION
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 601 CHILDRENS LANE NORFOLK, VA 23433	54-0506321	501(C)3	21,414				2017 CAC RESP 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
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 601 CHILDRENS LANE NORFOLK, VA 23433	54-0506321	501(C)3	21,306				2018 CAC SERV FOR MIL INSTALL
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 601 CHILDRENS LANE NORFOLK, VA 23433	54-0506321	501(C)3	28,130				2018 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
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 601 CHILDRENS LANE NORFOLK, VA 23433	54-0506321	501(C)3	19,270				2018 PROGRAM DEVELOPMENT
CHILDREN'S JUSTICE AND ADVOCACY CENTER 784 14TH AVENUE LONGVIEW, WA 98632	45-4946456	501(C)3	9,802				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
CHILDREN'S JUSTICE CENTER - MARY LEE'S HOUSE 2806 N ARMENIA AVE SUITE 500 TAMPA, FL 33607	59-6000661	501(C)3	5,803				2018 PROGRAM IMPROVEMENT MH
CHILDREN'S TRUST- CHILDREN'S ADVOCACY CENTER NEW RIVER VALLEY 90 COLLEGE ST CHRISTIANSBURG, VA 24073	51-0235891	501(C)3	19,215				2017 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
CHILDSAFE CENTER-CAC 411 N CAMERON ST WINCHESTER, VA 22601	73-1666744	501(C)3	12,026				2017 PROGRAM DEVELOPMENT
CLARK COUNTY CHILD ADVOCACY CENTER 1346 LAGONDA AVE SPRINGFIELD, OH 45503	31-6000132	501(C)3	31,078				2017 DTVF TRAINING AWARDS

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
COLORADO CHILDREN'S ALLIANCE 303 S BROADWAY STE 200-329 DENVER, CO 80209	84-1480528	501(C)3	51,176				2017 CH QIAA3
COLORADO CHILDREN'S ALLIANCE 303 S BROADWAY STE 200-329 DENVER, CO 80209	84-1480528	501(C)3	155,000				2018 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
CORTLAND COUNTY CHILD ADVOCACY CENTER 60 CENTRAL AVE RM B36 CORTLAND, NY 13045	15-6000452	501(C)3	19,672				2017 CAC RESP TO CHILDREN WITH SBP
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)3	34,978				2017 DTVF TRAINING AWARDS

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
DAY ONE 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)3	49,360				2018 CH QIAA4
DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BLVD DENVER, CO 80211	84-1155873	501(C)3	17,130				2017 CAC RESP 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
DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BLVD DENVER, CO 80211	84-1155873	501(C)3	15,222				2017 DTVF SERVICE PROVISION
EAC SUFFOLK COUNTY CHILD ADVOCACY CENTER 84 WHEELER RD CENTRAL ISLIP, NY 11722	23-7175609	501(C)3	21,065				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
FAMILIES AND YOUTH INC CHILDREN'S ADVOCACY CENTER 1320 S SOLANO DRIVE LAS CRUCES, NM 88001	85-0275762	501(C)3	13,737				2017 PROGRAM EXPANSION
FAMILY AND CHILDREN'S PLACE 1000 SOUTH 5TH STREET LOUISVILLE, KY 40203	61-0549561	501(C)3	29,336				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
FAMILY AND CHILDREN'S PLACE 1000 SOUTH 5TH STREET LOUISVILLE, KY 40203	61-0549561	501(C)3	11,216				2018 DTVF TRAINING AWARDS
FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS INC 2940 EAST PARK AVENUE TALLAHASSEE, FL 32301	59-3496460	501(C)3	102,341				2018 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
GEORGIA CENTER FOR CHILD ADVOCACY - DEKALB CAC 1950 WEST EXCHANGE PLACE TUCKER, GA 30084	58-1762069	501(C)3	22,203				2017 CAC RESP TO PHYSICAL ABUSE
GEORGIA CENTER FOR CHILD ADVOCACY - DEKALB CAC 1950 WEST EXCHANGE PLACE TUCKER, GA 30084	58-1762069	501(C)3	8,984				2018 DTVF TRAINING AWARDS

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
GRAND COUNTY CHILDREN'S JUSTICE CENTER 180 SOUTH 300 EAST MOAB, UT 84532	87-6000304	501(C)3	6,254				2017 TRIBAL EXPANSION OF CAC SERVICES
HARCUM HOUSE 1147 E MAIN STREET LANCASTER, OH 43130	43-2113958	501(C)3	32,421				2017 DTVF TRAINING AWARDS

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
HAWAII STATE CHAPTER OF CHILDREN'S JUSTICE CENTERS 3019 PALI HIGHWAY HONOLULU, HI 96817	46-2365359	501(C)3	43,965				2018 CH QIAA4
IDAHO NETWORK OF CHILDREN'S ADVOCACY CENTERS 1305 3RD STREET SOUTH NAMPA, ID 83651	82-0396300	501(C)3	11,038				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
IDAHO NETWORK OF CHILDREN'S ADVOCACY CENTERS 1305 3RD STREET SOUTH NAMPA, ID 83651	82-0396300	501(C)3	43,335				2018 CH QIAA4
INDIANA CHAPTER OF NATIONAL CHILDREN'S ALLIANCE 533 N NILES AVENUE SOUTH BEND, IN 46617	26-2269042	501(C)3	65,000				2018 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
IOWA CHAPTER OF CHILDREN'S ADVOCACY CENTERS 505 FIFTH AVE DES MOINES, IA 50309	27-0473272	501(C)3	5,896				2017 CH QIAA3
IOWA CHAPTER OF CHILDREN'S ADVOCACY CENTERS 505 FIFTH AVE DES MOINES, IA 50309	27-0473272	501(C)3	69,539				2018 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 200 WEST VINE STREET SUITE 600 LEXINGTON, KY 40507	61-1395277	501(C)3	94,000				2018 CH QIAA3
KIDS' FIRST 2675 MARTIN LUTHER KING JR BLVD EUGENE, OR 97401	93-1146901	501(C)3	11,819				2017 DTVF ADDENDUM

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	34,715				2017 DTVF SERVICE PROVISION
KIDS TALK CHILD ADVOCACY CENTER 1102 W 14TH ST ANDERSON, IN 46016	35-1341204	501(C)3	17,429				2017 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
KRISTI HOUSE INC 1265 NW 12 AVENUE MIAMI, FL 33136	65-0576650	501(C)3	25,000				2017 CAC RESP TO PHYSICAL ABUSE
LEFLORE COUNTY CHILD ADVOCACY NETWORK INC 300 ROGERS AVENUE POTEAU, OK 74953	73-1576658	501(C)3	15,733				2018 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
LOUISIANA ALLIANCE OF CHILDREN'S ADVOCACY CENTERS 1101 CALHOUN ST NEW ORLEANS, LA 70118	81-3869783	501(C)3	52,878				2018 CH QIAA3
MAINE NETWORK OF CHILDREN'S ADVOCACY CENTERS 45 MEMORIAL CIRCLE SUITE 302 AUGUSTA, ME 04330	01-0420232	501(C)3	21,722				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
MAINE NETWORK OF CHILDREN'S ADVOCACY CENTERS 45 MEMORIAL CIRCLE SUITE 302 AUGUSTA, ME 04330	01-0420232	501(C)3	40,539				2018 CH QIAA4
MARYLAND CHILDREN'S ALLIANCE 2300 N CHARLES ST BALTIMORE, MD 21218	42-1602584	501(C)3	34,000				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
MARYLAND CHILDREN'S ALLIANCE 2300 N CHARLES ST BALTIMORE, MD 21218	42-1602584	501(C)3	66,676				2018 CH QIAA3
MASSACHUSETTS CHILDREN'S ALLIANCE 11 BEACON STREET SUITE 321 BOSTON, MA 02108	34-2006038	501(C)3	70,374				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 11 BEACON STREET SUITE 321 BOSTON, MA 02108	34-2006038	501(C)3	69,425				2018 CH QIAA3
MIDWEST CHILDREN'S RESOURCE CENTER 347 N SMITH AVE STE 401 ST PAUL, MN 55102	41-1754276	501(C)3	30,705				2017 DTVF ADDENDUM

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
MIDWEST CHILDREN'S RESOURCE CENTER 347 N SMITH AVE STE 401 ST PAUL, MN 55102	41-1754276	501(C)3	59,990				2017 DTVF SERVICE PROVISION
MIDWEST CHILDREN'S RESOURCE CENTER 347 NO SMITH AVE STE 401 ST PAUL, MN 55102	41-1754276	501(C)3	16,481				2018 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
MIDWEST CHILDREN'S RESOURCE CENTER 347 NO SMITH AVENUE STE 401 ST PAUL, MN 55102	41-1754276	501(C)3	14,948				2018 DTVF TRAINING AWARDS
MINNESOTA CHILDREN'S ALLIANCE 2301 WOODBRIDGE ST 200 ROSEVILLE, MN 55113	26-3318481	501(C)3	61,000				2018 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
MISSOURI KIDSFIRST 520 DIX ROAD SUITE C JEFFERSON CITY, MO 65109	27-0124899	501(C)3	59,090				2017 CH QIAA2
MISSOURI KIDSFIRST 520 DIX ROAD SUITE C JEFFERSON CITY, MO 65109	27-0124899	501(C)3	80,422				2018 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
NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS 11949 Q STREET OMAHA, NE 68137	47-4088844	501(C)3	30,000				2017 CH QIAA3
NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS 11949 Q STREET OMAHA, NE 68137	47-4088844	501(C)3	79,089				2018 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 JERSEY CHILDREN'S ALLIANCE 185 WASHINGTON ST NEWARK, NJ 07033	41-2255586	501(C)3	38,000				2017 CH QIAA3
NEW JERSEY CHILDREN'S ALLIANCE 185 WASHINGTON ST NEWARK, NJ 07033	41-2255586	501(C)3	45,000				2018 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	33,996				2018 CH QIAA4
NEW YORK STATE CHILDREN'S ALLIANCE INC 261 FAYETTE STREET MANLIUS, NY 13104	27-3705749	501(C)3	78,272				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
NEW YORK STATE CHILDREN'S ALLIANCE INC 261 FAYETTE STREET MANLIUS, NY 13104	27-3705749	501(C)3	81,898				2018 CH QIAA1
NORTH CENTRAL MISSOURI CHILDREN'S ADVOCACY CENTER 906 MAIN STREET TRENTON, MO 64683	26-4715256	501(C)3	5,659				2017 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
NORTH CENTRAL MISSOURI CHILDREN'S ADVOCACY CENTER 906 MAIN STREET TRENTON, MO 64683	26-4715256	501(C)3	6,726				2018 PROGRAM IMPROVEMENT MH
NORTHERN MICHIGAN CHILDREN'S ASSESSMENT CENTER 112 S 4TH ST ROSCOMMON, MI 48653	38-3923573	501(C)3	11,202				2017 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
NORTHERN MICHIGAN MOBILE CHILD ADVOCACY CENTER 127 NORTH 2ND STREET HARRISON, MI 48625	46-2508124	501(C)3	8,097				2017 TRIBAL EXPANSION OF CAC SERVICES
NORTHERN MICHIGAN MOBILE CHILD ADVOCACY CENTER 127 NORTH 2ND STREET HARRISON, MI 48625	46-2508124	501(C)3	8,554				2018 TRIBAL EXPANSION OF CAC SERVICES

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
NYE COUNTY CHILDREN'S ADVOCACY CENTER 621 S BLAGG PAHRUMP, NE 89048	88-0351314	501(C)3	15,910				2017 PROGRAM EXPANSION
NYE COUNTY CHILDREN'S ADVOCACY CENTER 621 S BLAGG PAHRUMP, NE 89048	88-0351314	501(C)3	12,590				2018 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
OHIO NETWORK OF CHILDREN'S ADVOCACY CENTERS 90 NORTHWOODS BLVD STE B2 COLUMBUS, OH 43235	01-0688897	501(C)3	139,854				2017 CH QIAA2
OHIO NETWORK OF CHILDREN'S ADVOCACY CENTERS 90 NORTHWOODS BLVD STE B2 COLUMBUS, OH 43235	01-0688897	501(C)3	109,243				2018 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
PARTNERS WITH FAMILIES & CHILDREN SPOKANE 1321 W BROADWAY SPOKANE, WA 99201	68-0576560	501(C)3	16,990				2017 CAC RESP TO PHYSICAL ABUSE
PARTNERS WITH FAMILIES & CHILDREN SPOKANE 1321 W BROADWAY SPOKANE, WA 99201	68-0576560	501(C)3	50,321				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
PARTNERS WITH FAMILIES & CHILDREN SPOKANE 1321 W BROADWAY SPOKANE, WA 99201	68-0576560	501(C)3	12,332				2018 DTVF SERVICE PROVISION
PARTNERS WITH FAMILIES & CHILDREN SPOKANE 1321 W BROADWAY SPOKANE, WA 99201	68-0576560	501(C)3	11,334				2018 DTVF TRAINING AWARDS

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
PENNSYLVANIA CHAPTER OF CHILDREN'S ADVOCACY CENTERS AND MULTIDISCIPLINARY T 626 JAMES ST ERIE, PA 16509	20-8387293	501(C)3	197,000				2018 CH QIAA2
PHILADELPHIA CHILDREN'S ALLIANCE 300 EAST HUNTING PARK AVENUE PHILADELPHIA, PA 19124	23-2526605	501(C)3	6,693				2017 DTVF ADDENDUM

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	10,429				2017 DTVF TRAINING AWARDS
PHILADELPHIA CHILDREN'S ALLIANCE 300 EAST HUNTING PARK AVENUE PHILADELPHIA, PA 19124	23-2526605	501(C)3	12,912				2018 DTVF TRAINING AWARDS

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
PLACER MULTI-DISCIPLINARY INTERVIEW CENTER (PLACER MDIC) 10810 JUSTICE CENTER DRIVE SUITE 230 ROSEVILLE, CA 95678	94-6000527	501(C)3	6,244				2017 DTVF TRAINING AWARDS
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137	47-0789054	501(C)3	18,952				2017 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
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137	47-0789054	501(C)3	32,689				2018 DTVF SERVICE PROVISION
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137	47-0789054	501(C)3	5,952				2018 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
RED RIVER CHILDREN'S ADVOCACY CENTER 100 S 4TH STREET 302 FARGO, ND 58103	45-6014870	501(C)3	7,143				2018 PROGRAM IMPROVEMENT MH
SAFE HARBOR CHILD ADVOCACY CENTER INC 1457 E WASHINGTON AVE MADISON, WI 42703	39-2004933	501(C)3	13,039				2017 DTVF TRAINING AWARDS

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 MARIETTA, GA 30064	58-1662987	501(C)3	56,633				2017 DTVF ADDENDUM
SAFEPATH CHILDREN'S ADVOCACY CENTER INC 736 WHITLOCK AVENUE MARIETTA, GA 30064	58-1662987	501(C)3	42,685				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
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX 4031 CHAIN BRIDGE ROAD FAIRFAX, VA 22030	46-1358388	501(C)3	12,137				2017 PROGRAM IMPROVEMENT MH
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX 4031 CHAIN BRIDGE ROAD FAIRFAX, VA 22030	46-1358388	501(C)3	8,632				2018 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
SANTA ROSA KID'S HOUSE INC 5643 STEWART STREET MILTON, FL 32570	20-1524354	501(C)3	15,032				2017 DTVF ADDENDUM
SANTA ROSA KID'S HOUSE INC 5643 STEWART STREET MILTON, FL 32570	20-1524354	501(C)3	16,173				2017 DTVF TRAINING AWARDS

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
SANTA ROSA KID'S HOUSE INC 5643 STEWART STREET MILTON, FL 32570	20-1524354	501(C)3	14,020				2018 PROGRAM IMPROVEMENT MH
SOUTH CAROLINA NETWORK OF CHILDREN'S ADVOCACY CENTERS 1300 PICKENS ST COLUMBIA, SC 29201	86-1158952	501(C)3	66,231				2018 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
SOUTHERN TIER CHILD ADVOCACY CENTER 772 MAIN STREET OLEAN, NY 14760	16-1469489	501(C)3	26,954				2018 DTVF SERVICE PROVISION
SUPPORT ADVOCACY AND RESOURCE CENTER (SARC) KIDS HAVEN 1458 FOWLER STREET RICHLAND, WA 99352	91-1178405	501(C)3	18,499				2017 DTVF TRAINING AWARDS

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 STE 124 NASHVILLE, TN 37220	62-1679668	501(C)3	60,585				2017 CH QIAA1
TENNESSEE CHAPTER OF CACS 4711 TROUSDALE DRIVE STE 124 NASHVILLE, TN 37220	62-1679668	501(C)3	233,774				2018 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	13,737				2017 CH QIAA4
THE ALASKA CHILDREN'S ALLIANCE 3003 CARROLL LANE ANCHORAGE, AK 99517	20-0798040	501(C)3	60,876				2018 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 CAROUSEL CENTER INC 1501 DOCK STREET WILMINGTON, NC 28401	56-2098739	501(C)3	25,000				2017 PROGRAM IMPROVEMENT MH
THE CAROUSEL CENTER INC 1501 DOCK STREET WILMINGTON, NC 28401	56-2098739	501(C)3	7,319				2018 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
THE CHILD ADVOCACY CENTER OF NORTHERN NEW YORK PROGRAM OF VICTIMS ASSISTAN 120 WASHINGTON STREET SUITE 406 WATERTOWN, NY 13601	16-1119247	501(C)3	20,121				2017 PROGRAM DEVELOPMENT
THE CHILD CENTER INC 989 HERITAGE PARKWAY WENTZVILLE, MO 63385	43-1856223	501(C)3	7,417				2018 CAC RESP 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 CONNECTICUT CHILDREN'S ALLIANCE 75 CHARTER OAK AVENUE STE 1-309 HARTFORD, CT 06106	27-0182554	501(C)3	43,500				2017 CH QIAA3
THE CONNECTICUT CHILDREN'S ALLIANCE 75 CHARTER OAK AVENUE STE 1-309 HARTFORD, CT 06106	27-0182554	501(C)3	52,910				2018 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	31,348				2017 DTVF RESOURCES
THE GRANITE STATE CHILDREN'S ALLIANCE 2 WELLMAN AVE SUITE 140 NASHUA, NH 03064	74-3186259	501(C)3	17,486				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 GRANITE STATE CHILDREN'S ALLIANCE 2 WELLMAN AVE SUITE 140 NASHUA, NH 03064	74-3186259	501(C)3	76,273				2018 CH QIAA3
THE HOWARD PHILLIPS CENTER CHILDREN'S ADVOCACY CENTER 601 WEST MICHIGAN STREET ORLANDO, FL 32805	59-1726273	501(C)3	5,311				2018 CAC RESP 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 OREGON NETWORK OF CHILD ABUSE INTERVENTION CENTERS 1827 NE 44TH AVE SUITE 220 PORTLAND, OR 97213	93-1293021	501(C)3	51,327				2017 CH QIAA3
THE OREGON NETWORK OF CHILD ABUSE INTERVENTION CENTERS 1827 NE 44TH AVE SUITE 220 PORTLAND, OR 97213	93-1293021	501(C)3	60,335				2018 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 SAFE CENTER LI 15 GRUMMAN ROAD W STE 1000 BETHPAGE, NY 11714	11-2442377	501(C)3	13,139				2017 DTVF ADDENDUM
THE SAFE CENTER LI 15 GRUMMAN ROAD W STE 1000 BETHPAGE, NY 11714	11-2442377	501(C)3	46,352				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
THE TREE HOUSE CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY MARYLAND 7300 CALHOUN PLACE SUITE 700 ROCKVILLE, MD 20855	81-4269650	501(C)3	24,445				2017 CAC RESP TO CHILDREN WITH SBP
THE TREE HOUSE CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY MARYLAND 7300 CALHOUN PLACE SUITE 700 ROCKVILLE, MD 20855	81-4269650	501(C)3	21,140				2017 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
THE TREE HOUSE CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY MARYLAND 7300 CALHOUN PLACE SUITE 700 ROCKVILLE, MD 20855	81-4269650	501(C)3	16,173				2017 CAC RESP TO PHYSICAL ABUSE
UTAH ATTORNEY GENERAL - CHILDREN'S JUSTICE CENTER PROGRAM 5272 S COLLEGE DRIVE 200 SALT LAKE CITY, UT 84123	87-6000545	501(C)1	72,178				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
UTAH ATTORNEY GENERAL - CHILDREN'S JUSTICE CENTER PROGRAM 5272 S COLLEGE DRIVE 200 SALT LAKE CITY, UT 84123	87-6000545	501(C)1	33,611				2018 CH QIAA3
VERMONT CHILDREN'S ALLIANCE 80 WEST STREET STE 203 RUTLAND, VT 05702	27-3145131	501(C)3	28,926				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
VERMONT CHILDREN'S ALLIANCE 80 WEST STREET STE 203 RUTLAND, VT 05702	27-3145131	501(C)3	89,769				2018 CH QIAA3
VOICES CARRY CHILD ADVOCACY CENTER 5529 S TIMBERLINE RD FORT COLLINS, CO 80528	84-1324009	501(C)3	38,508				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
VOICES FOR CHILDREN ADVOCACY CENTER 515 EAST STREET FLINT, MI 48503	43-2031361	501(C)3	10,090				2017 DTVF ADDENDUM
VOICES FOR CHILDREN ADVOCACY CENTER 515 EAST STREET FLINT, MI 48503	43-2031361	501(C)3	30,374				2017 DTVF TRAINING AWARDS

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
WENDY'S PLACE-DAY KIMBALL HOSPITAL 255 POMFRET ST PUTNAM, CT 06260	06-0646599	501(C)3	14,792				2017 PROGRAM IMPROVEMENT MH
WEST VIRGINIA CHILD ADVOCACY NETWORK 601 MORRIS ST STE 202 CHARLESTON, WV 25301	38-3784521	501(C)3	70,470				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
WEST VIRGINIA CHILD ADVOCACY NETWORK 601 MORRIS ST STE 202 CHARLESTON, WV 25301	38-3784521	501(C)3	105,927				2018 CH QIAA2
WESTERN KANSAS CHILD ADVOCACY CENTER - MOBILE UNIT 103 E 9TH ST SCOTT CITY, KS 678711743	20-1055623	501(C)3	13,047				2017 DTVF ADDENDUM

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
WESTERN KANSAS CHILD ADVOCACY CENTER - MOBILE UNIT 103 E 9TH ST SCOTT CITY, KS 678711743	20-1055623	501(C)3	17,933				2017 DTVF SERVICE PROVISION
WILL COUNTY CHILDREN'S ADVOCACY CENTER 304 N SCOTT STREET JOLIET, IL 60432	36-6006672	501(C)3	55,333				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
WILL COUNTY CHILDREN'S ADVOCACY CENTER 304 N SCOTT STREET JOLIET, IL 60432	36-6006672	501(C)3	26,775				2018 DTVF SERVICE PROVISION
YWCA CARE HOUSE 1126 CONDE ST JANESVILLE, WI 53546	39-0808510	501(C)3	19,498				2017 DTVF SERVICE PROVISION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.**

▶ **Information about Schedule J (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 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" 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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 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 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.

2017

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 TRANSAC TIONS 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