

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 11-01-2018, and ending 10-31-2019

<p>B Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization NATIONAL CHILDREN'S ALLIANCE INC</p> <hr/> <p>Doing business as</p> <hr/> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 516 C STREET NE</p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002</p>	<p>D Employer identification number 63-1044781</p> <hr/> <p>E Telephone number (202) 548-0090</p> <hr/> <p>G Gross receipts \$ 16,898,316</p>
<p>F Name and address of principal officer TERESA HUIZAR 516 C STREET NE WASHINGTON, DC 20002</p>		<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: ▶ WWW.NATIONALCHILDRENSALLIANCE.ORG</p>		
<p>K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation 1992 M State of legal domicile AL</p>

Part I Summary

Activities & Governance	<p>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</p>		
	<p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p>		
	<p>3 Number of voting members of the governing body (Part VI, line 1a)</p>	3	10
	<p>4 Number of independent voting members of the governing body (Part VI, line 1b)</p>	4	10
	<p>5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)</p>	5	34
	<p>6 Total number of volunteers (estimate if necessary)</p>	6	10
	<p>7a Total unrelated business revenue from Part VIII, column (C), line 12</p>	7a	0
	<p>b Net unrelated business taxable income from Form 990-T, line 34</p>	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	12,036,680	14,872,391
	9 Program service revenue (Part VIII, line 2g)	1,962,129	2,016,606
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,482	3,359
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,385	5,960
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,009,676	16,898,316
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,467,785	10,766,341
	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)	3,303,598	3,735,602
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 311,809		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,025,689	3,115,686
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,797,072	17,617,629
	19 Revenue less expenses Subtract line 18 from line 12	-787,396	-719,313
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	5,307,159	4,692,737
	21 Total liabilities (Part X, line 26)	1,733,886	1,838,777
	22 Net assets or fund balances Subtract line 21 from line 20	3,573,273	2,853,960

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

<p>***** Signature of officer</p>	<p>2020-03-10 Date</p>
<p>TERESA HUIZAR EXECUTIVE DIRECTOR Type or print name and title</p>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2020-03-10	Check <input type="checkbox"/> if self-employed	PTIN P00238304
	Firm's name ▶ DEMBO JONES PC			Firm's EIN ▶ 52-1073331	
	Firm's address ▶ 6116 EXECUTIVE BLVD SUITE 500 NORTH BETHESDA, MD 20852			Phone no (301) 770-5100	

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 \$ 13,148,389 including grants of \$ 10,766,341) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 1,611,069 including grants of \$) (Revenue \$ 1,672,591)
See Additional Data

4c (Code) (Expenses \$ 945,196 including grants of \$) (Revenue \$ 349,975)
See Additional Data

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

4e Total program service expenses ▶ 15,704,654

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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>	37	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	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	66
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No

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



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 2 columns: Question, Answer. 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: 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: CARO BROWN 516 C STREET NE WASHINGTON, DC 20002 (202) 548-0090

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) CAROLE SWIECICKI PRESIDENT	0 50	X		X			0	0	0	
(2) JUSTIN FITZSIMMONS VICE PRESIDENT & TREASURER	0 50	X		X			0	0	0	
(3) ALETHEA MILLER SECRETARY	0 50	X		X			0	0	0	
(4) KEVIN DOWLING IMMEDIATE PAST PRESIDENT	0 50	X		X			0	0	0	
(5) ANNE COMSTOCK BOARD MEMBER	0 50	X					0	0	0	
(6) LOU ANNA RED CORN BOARD MEMBER	0 50	X					0	0	0	
(7) CHANNING PETRAK BOARD MEMBER	0 50	X					0	0	0	
(8) ADAM ROSENBERG BOARD MEMBER	0 50	X					0	0	0	
(9) HENRY SHIEMBOB BOARD MEMBER	0 50	X					0	0	0	
(10) LEANDA WELKER LCSW-C BOARD MEMBER	0 50	X					0	0	0	
(11) TERESA HUIZAR EXECUTIVE DIRECTOR	40 00			X			334,998	0	24,205	
(12) KIM DAY DEPUTY DIRECTOR /PROGRAMS	40 00				X		193,602	0	20,579	
(13) DENISE EDWARDS DIRECTOR OF GOVT AFFAIRS	40 00				X		159,396	0	16,758	
(14) DAVID BETZ DEPUTY DIRECTOR /OPERATIONS	40 00					X	130,218	0	15,440	
(15) BRYAN BOESKIN DIRECTOR OF DEVELOPMENT	40 00					X	143,297	0	18,609	
(16) IRINA HEIN DIRECTOR OF GRANTS MANAGEM	40 00					X	132,010	0	17,877	
(17) PHILLIP WARENK DIRECTOR OF COMMUNICATIONS	40 00					X	120,391	0	12,406	

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			
(18) KRISTIE MCKENNEY DIRECTOR OF CHAPTER DEVELO	40 00					X		114,524	0	14,805

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		1,328,436	0

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 **▶ 8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CRYSTAL CLEAR SOLUTIONS LLC 7816 FLICKER GROVE COLORADO SPRINGS, CO 80920	ACCOUNTING	215,728

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	14,447,256		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	425,135		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		14,872,391		

Program Service Revenue			Business Code				
	2a SOFTWARE PROJECT		900099	823,640	823,640		
b MEMBERSHIP DUES		900099	441,775	441,775			
c ACCREDITATION		900099	401,216	401,216			
d CONFERENCE FEES		900099	349,975	349,975			
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			2,016,606				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,359			3,359
	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		5,960	5,960			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			5,960				
12 Total revenue. See Instructions			16,898,316	2,022,566	0		3,359

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,766,341	10,766,341		
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	749,536	426,308	311,069	12,159
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	2,455,387	1,777,346	466,611	211,430
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	101,649	74,484	18,143	9,022
9 Other employee benefits	200,016	162,681	19,829	17,506
10 Payroll taxes	229,014	157,883	54,993	16,138
11 Fees for services (non-employees)				
a Management				
b Legal	806		806	
c Accounting	192,181	141,922	43,861	6,398
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)	957,528	818,390	120,114	19,024
12 Advertising and promotion				
13 Office expenses	55,207	21,268	30,274	3,665
14 Information technology	387,316	387,316		
15 Royalties				
16 Occupancy				
17 Travel	166,479	120,037	43,937	2,505
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	368,024	320,679	47,345	
20 Interest	63,274		63,274	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,521		182,521	
23 Insurance	54,105		54,105	
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	3,491		3,491	
b PUBLIC AWARENESS AND ED	236,366	236,314	52	
c ACCREDITATION	236,153	236,153		
d PRINTING	32,580	24,343	1,788	6,449
e All other expenses	179,655	33,189	138,953	7,513
25 Total functional expenses. Add lines 1 through 24e	17,617,629	15,704,654	1,601,166	311,809
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	237,229	1	266,966
	2 Savings and temporary cash investments	2,233,282	2	1,266,642
	3 Pledges and grants receivable, net	189,435	3	740,221
	4 Accounts receivable, net	122,629	4	54,900
	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	76,491	9	79,436
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,525,912		
	b Less accumulated depreciation	1,344,564		
	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	84,224	15	103,224
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,307,159	16	4,692,737	
Liabilities	17 Accounts payable and accrued expenses	415,019	17	555,658
	18 Grants payable		18	
	19 Deferred revenue	106,417	19	93,750
	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	1,128,226	23	1,086,145
	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	84,224	25	103,224
	26 Total liabilities. Add lines 17 through 25	1,733,886	26	1,838,777
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,256,081	27	2,553,960
	28 Temporarily restricted net assets	317,192	28	300,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	3,573,273	33	2,853,960	
34 Total liabilities and net assets/fund balances	5,307,159	34	4,692,737	

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	16,898,316
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,617,629
3	Revenue less expenses Subtract line 2 from line 1	3	-719,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,573,273
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	2,853,960

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 63-1044781

Name: NATIONAL CHILDREN'S ALLIANCE INC

Form 990 (2018)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL CHILDREN'S ALLIANCE INC

Employer identification number
63-1044781

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,096,920	9,013,310	15,128,312	12,036,380	14,872,391	63,147,313
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	1,992,326	2,033,114	1,964,150	1,962,129	2,016,606	9,968,325
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	14,089,246	11,046,424	17,092,462	13,998,509	16,888,997	73,115,638
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)						73,115,638

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	14,089,246	11,046,424	17,092,462	13,998,509	16,888,997	73,115,638
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	203	225	1,008	1,482	3,359	6,277
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	203	225	1,008	1,482	3,359	6,277
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)	10,979	7,632	4,700	9,385	5,960	38,656
13 Total support. (Add lines 9, 10c, 11, and 12)	14,100,428	11,054,281	17,098,170	14,009,376	16,898,316	73,160,571
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 2018 (line 8, column (f) divided by line 13, column (f))	15	99.940 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.940 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.010 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2018. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2017. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		425,810
j Total Add lines 1c through 1i			425,810
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
► 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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	
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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 |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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	977,304	729,858
c Leasehold improvements				
d Equipment		222,210	219,471	2,739
e Other		982,080	147,789	834,291
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,181,348

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	103,224
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	103,224

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	17,023,639
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	125,323	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	125,323
3	Subtract line 2e from line 1		3	16,898,316
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	16,898,316

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	17,742,952
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	125,323	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	125,323
3	Subtract line 2e from line 1		3	17,617,629
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	17,617,629

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, 2019 AND 2018 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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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.

Go to www.irs.gov/Form990 for the latest information.

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
3 Enter total number of other organizations listed in the line 1 table

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
ABC HOUSE 228 5TH AVENUE SW ALBANY, OR 97321	93-1163555	501(C)(3)	10,848				2019 CAC RESP TO PHYSICAL ABUSE
ABC HOUSE 228 5TH AVENUE SW ALBANY, OR 97321	93-1163555	501(C)(3)	16,404				2019 MED EQUIP

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 36124	63-1048697	501(C)(3)	57,063				2018 CH QIAA3
ALABAMA NETWORK OF CAC'S INC 450 S UNION STREET MONTGOMERY, AL 36124	63-1048697	501(C)(3)	60,000				2019 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 S 3RD AVE YUMA, AZ 85364	86-0953031	501(C)(3)	53,266				2018 CH QIAA3
ARIZONA CHILD AND FAMILY ADVOCACY NETWORK 1310 S 3RD AVE YUMA, AZ 85364	86-0953031	501(C)(3)	89,756				2019 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
ARLINGTON COUNTY CHILD ADVOCACY CENTER 2100 WASHINGTON BLVD THIRD FLOOR ARLINGTON, VA 22204	54-6001123	501(C)(3)	17,000				2018 CAC RESP TO PHYSICAL ABUSE
AVERA ST MARY'S CENTRAL SOUTH DAKOTA CHILD ASSESSMENT CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501	46-0230199	501(C)(3)	8,511				2019 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
BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)(3)	13,219				2018 DTVF TRAINING AWARDS
BALTIMORE CHILD ABUSE CENTER 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1681279	501(C)(3)	22,102				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
BALTIMORE COUNTY CHILD ADVOCACY CENTER 6401 YORK ROAD BALTIMORE, MD 21212	52-6000889	501(C)(3)	11,395				2018 DTVF TRAINING AWARDS
BATON ROUGE CHILDREN'S ADVOCACY CENTER 626 EAST BLVD BATON ROUGE, LA 70802	26-0028918	501(C)(3)	19,883				2019 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
BATON ROUGE CHILDREN'S ADVOCACY CENTER 626 EAST BLVD BATON ROUGE, LA 70802	26-0028918	501(C)(3)	48,887				2018 DTVF SERVICE PROVISION
BRAVEHEART CHILDREN'S ADVOCACY CENTER 292 SOUTH EAST ROAD SUITE A CAMBRIDGE, IL 61238	36-4361499	501(C)(3)	14,053				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
BUCKS COUNTY CHILDREN'S ADVOCACY CENTER 2370 YORK ROAD BUILDING B JAMISON, PA 18929	23-7438387	501(C)(3)	23,606				2018 DTVF TRAINING AWARDS
BURKE COUNTY CHILD ADVOCACY CENTER 408 S GREENE ST MORGANTON, NC 28655	56-0672457	501(C)(3)	21,080				2019 MED EQUIP

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
CAC FOR DENTON COUNTY INC 1854 CAIN DR LEWISVILLE, TX 750772146	75-2559765	501(C)(3)	24,971				2019 MED EQUIP
CACS OF OKLAHOMA INC 706 EAST 3RD STREET BARTLESVILLE, OK 74003	73-1566086	501(C)(3)	66,000				2019 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)	97,617				2018 CH QIAA2
CACS OF WISCONSIN PO BOX 6605 MADISON, WI 53744	39-2004933	501(C)(3)	40,279				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
CACS OF WISCONSIN PO BOX 6605 MADISON, WI 53744	39-2004933	501(C)(3)	103,544				2019 CH QIAA3
CALICO CENTER 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501(C)(3)	15,665				2018 CAC SERV FOR MIL INSTALL

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)	96,000				2018 CH QIAA2
CALICO- CHILD ADVOCACY CENTERS OF CALIFORNIA 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501(C)(3)	106,332				2019 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
CENTER FOR CHILD AND FAMILY ADVOCACY 219 EAST WASHINGTON STREET NAPOLEON, OH 43545	34-1536574	501(C)(3)	24,960				2018 CAC RESP TO PHYSICAL ABUSE
CHAMPION FOR CHILDREN ADVOCACY CENTER OF HIGHLANDS COUNTY 1968 SEBRING PARKWAY SEBRING, FL 33870	65-0444941	501(C)(3)	14,125				2019 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
CHAVES COUNTY CHILDREN'S ADVOCACY CENTER 500 NORTH MAIN STREET STE310 ROSWELL, NM 88201	85-0375943	501(C)(3)	5,698				2018 PROGRAM EXPANSION
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)(3)	23,963				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
CHILD ADVOCACY CENTER FOUNDATION INC 163 S FIRST STREET FULTON, NY 13069	16-1603892	501(C)(3)	25,000				2018 CAC RESP TO CHILDREN WITH SBP
CHILD ADVOCACY CENTER OF CAYUGA COUNTY 26 SEMINARY ST AUBURN, NY 13021	16-0978035	501(C)(3)	24,935				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
CHILD ADVOCACY CENTER OF LINCOLN COUNTY 122 NE 47TH ST PO BOX 707 NEWPORT, OR 97365	93-1097711	501(C)(3)	10,000				2019 MED EQUIP
CHILD ADVOCACY CENTER OF SEDGWICK COUNTY 1211 S EMPORIA WICHITA, KS 67211	26-2090660	501(C)(3)	17,245				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
CHILD ADVOCACY CENTER OF SEDGWICK COUNTY 1211 S EMPORIA WICHITA, KS 67211	26-2090660	501(C)(3)	25,000				2019 MED EQUIP
CHILD ADVOCACY CENTERS OF SOUTH DAKOTA (CACSD) 1305 WEST 18TH STREET ROUTING 6361 SIOUX FALLS, SD 57117	46-0227855	501(C)(3)	24,980				2019 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 SOUTH DAKOTA (CACSD) 1305 WEST 18TH STREET ROUTING 6361 SIOUX FALLS, SD 57117	46-0227855	501(C)(3)	38,735				2018 CH QIAA4
CHILD ADVOCACY CENTERS OF WYOMING 350 N ASH STREET CASPER, WY 82601	20-5898131	501(C)(3)	26,069				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)	45,000				2019 CH QIAA4
CHILD PROTECT OF MERCER COUNTY INC 120 SHAKER LANE PRINCETON, WV 24740	20-0527674	501(C)(3)	14,157				2019 MED EQUIP

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 406 AIRPORT FARMINGTON, NM 87401	85-0206752	501(C)(3)	68,383				2018 DTVF SERVICE PROVISION
CHILDREN'S ADVOCACY CENTER AT THE WESTCHESTER INSTITUTE FOR HUMAN DEVELOPME 20 HOSPITAL OVAL CEDARWOOD HALL VALHALLA, NY 10595	20-0738248	501(C)(3)	7,800				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
CHILDREN'S ADVOCACY CENTER OF BENTON COUNTY 2113 LITTLE FLOCK DRIVE LITTLE FLOCK, AR 72756	26-0158723	501(C)(3)	14,657				2019 MED EQUIP
CHILDREN'S ADVOCACY CENTER OF BENTON COUNTY 2113 LITTLE FLOCK DRIVE LITTLE FLOCK, AR 72756	26-0158723	501(C)(3)	18,634				2019 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 1100 ROCKLEDGE BLVD SUITE 200 ROCKLEDGE, FL 32955	59-2432318	501(C)(3)	5,368				2019 PROGRAM IMPROVEMENT MH
CHILDREN'S ADVOCACY CENTER OF BREVARD 1100 ROCKLEDGE BLVD SUITE 200 ROCKLEDGE, FL 32955	59-2432318	501(C)(3)	21,770				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
CHILDREN'S ADVOCACY CENTER OF BREVARD 1100 ROCKLEDGE BLVD SUITE 200 ROCKLEDGE, FL 32955	59-2432318	501(C)(3)	30,837				2018 DTVF TRAINING AWARDS
CHILDREN'S ADVOCACY CENTER OF FRANKLIN COUNTY AND NORTH QUABBIN INC 56 WISDOM WAY GREENFIELD, MA 01301	47-4386987	501(C)(3)	12,110				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
CHILDREN'S ADVOCACY CENTER OF NORTHEASTERN PENNSYLVANIA 1710 MULBERRY STREET SCRANTON, PA 18510	23-2972024	501(C)(3)	21,422				2019 MED EQUIP
CHILDREN'S ADVOCACY CENTER OF PIERCE COUNTY 1112 S 5TH STREET MS 11112-1-CA TACOMA, WA 98405	91-1352172	501(C)(3)	5,034				2019 CAC SERVICES FOR MILITARY INSTALLATIONS

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)	14,551				2018 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)	49,201				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 ADVOCACY CENTER OF SOUTHWEST FLORIDA INC 3830 EVANS AVE FORT MYERS, FL 33901	65-0007620	501(C)(3)	23,435				2018 CAC RESP TO PHYSICAL ABUSE
CHILDREN'S ADVOCACY CENTER OF SUFFOLK COUNTY 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3273300	501(C)(3)	11,856				2019 MED EQUIP

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 INC 123 W ADAMS ST PITTSBURG, KS 66762	48-1239614	501(C)(3)	26,395				2018 DTVF TRAINING AWARDS
CHILDREN'S ADVOCACY CENTERS OF ARKANSAS 124 WEST CAPITOL AVE SUITE 865 LITTLE ROCK, AR 72201	56-2417905	501(C)(3)	100,500				2019 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 SUITE 201 DOVER, DE 19901	51-0372506	501(C)(3)	9,725				2018 CH QIAA4
CHILDREN'S ADVOCACY CENTERS OF DELAWARE INC 611 S DUPONT HIGHWAY SUITE 201 DOVER, DE 19901	51-0372506	501(C)(3)	54,630				2019 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 GEORGIA 127 CHURCH STREET NE SUITE 250 MARIETTA, GA 30060	31-1486065	501(C)(3)	44,990				2019 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF GEORGIA 127 CHURCH STREET NE SUITE 250 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 ILLINOIS 400 SOUTH 9TH STREET SUITE 203 SPRINGFIELD, IL 62701	36-4254553	501(C)(3)	178,365				2018 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF ILLINOIS 400 SOUTH 9TH STREET SUITE 203 SPRINGFIELD, IL 62701	36-4254553	501(C)(3)	222,003				2019 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 KANSAS 1211 S EMPORIA AVE WICHITA, KS 67211	20-8497489	501(C)(3)	112,113				2019 CH QIAA2
CHILDREN'S ADVOCACY CENTERS OF MICHIGAN 2855 44TH ST STE 140 GRANDVILLE, MI 49418	06-1821695	501(C)(3)	220,857				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 MISSISSIPPI 1675 LAKELAND DRIVE SUITE 402 JACKSON, MS 39216	27-2541336	501(C)(3)	33,750				2018 CH QIAA3
CHILDREN'S ADVOCACY CENTERS OF MISSISSIPPI 1675 LAKELAND DRIVE SUITE 402 JACKSON, MS 39216	27-2541336	501(C)(3)	73,150				2019 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)	15,000				2019 CHAPTER CT SYSTEM IMPROVEMENTS
CHILDREN'S ADVOCACY CENTERS OF NEVADA 621 S BLAGG PAHRUMP, NV 89048	88-0351314	501(C)(3)	35,350				2019 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 NEVADA 621 S BLAGG PAHRUMP, NV 89048	88-0351314	501(C)(3)	42,672				2018 CH QIAA4
CHILDREN'S ADVOCACY CENTERS OF NORTH CAROLINA 112 S MARSHALL STREET GRAHAM, NC 27253	56-2047227	501(C)(3)	122,746				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 NORTH CAROLINA 112 S MARSHALL STREET GRAHAM, NC 27253	56-2047227	501(C)(3)	165,894				2019 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA 1303 EAST CENTRAL AVE BISMARCK, ND 58501	27-3728431	501(C)(3)	31,500				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
CHILDREN'S ADVOCACY CENTERS OF NORTH DAKOTA 1303 EAST CENTRAL AVE BISMARCK, ND 58501	27-3728431	501(C)(3)	60,000				2019 CH QIAA4
CHILDREN'S ADVOCACY CENTERS OF TENNESSEE 4711 TROUSDALE DRIVE SUITE 124 NASHVILLE, TN 37220	62-1679668	501(C)(3)	33,226				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 TENNESSEE 4711 TROUSDALE DRIVE SUITE 124 NASHVILLE, TN 37220	62-1679668	501(C)(3)	132,169				2019 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF TEXAS INC 1501 W ANDERSON LANE BLDG B1 AUSTIN, TX 78757	75-2581804	501(C)(3)	79,000				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 TEXAS INC 1501 W ANDERSON LANE BLDG B1 AUSTIN, TX 78757	75-2581804	501(C)(3)	212,000				2019 CH QIAA1
CHILDREN'S ADVOCACY CENTERS OF VIRGINIA 414 S JEFFERSON STREET UNIT C ROANOKE, VA 24011	20-0617657	501(C)(3)	100,901				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 VIRGINIA 414 S JEFFERSON STREET UNIT C ROANOKE, VA 24011	20-0617657	501(C)(3)	101,099				2019 CH QIAA3
CHILDREN'S ADVOCACY CENTERS OF WASHINGTON 3020 WILLAMETTE DR NE LACEY, WA 98516	20-8597550	501(C)(3)	61,720				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
CHILDREN'S ADVOCACY CENTERS OF WASHINGTON 3020 WILLAMETTE DR NE LACEY, WA 98516	20-8597550	501(C)(3)	103,623				2019 CH QIAA2
CHILDREN'S ALLIANCE OF MONTANA PO BOX 666 BILLINGS, MT 59103	46-0730444	501(C)(3)	115,000				2019 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 CENTER 1713 PENN LANE OREGON CITY, OR 97045	75-3027143	501(C)(3)	13,918				2019 MED EQUIP
CHILDREN'S COVE THE CAPE AND ISLANDS CHILD ADVOCACY CENTER 1225 MARY DUNN RD BARNSTABLE, MA 02630	04-6001419	501(C)(3)	11,856				2019 MED EQUIP

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)	38,396				2018 DTVF SERVICE PROVISION
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 935 REDGATE AVENUE NORFOLK, VA 23507	54-0506321	501(C)(3)	5,643				2018 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 HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 935 REDGATE AVENUE NORFOLK, VA 23507	54-0506321	501(C)(3)	23,519				2019 CAC SERVICES FOR MILITARY INSTALLATIONS
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 935 REDGATE AVENUE NORFOLK, VA 23507	54-0506321	501(C)(3)	26,323				2019 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 935 REDGATE AVENUE NORFOLK, VA 23507	54-0506321	501(C)(3)	41,138				2018 CAC SERV FOR MIL INSTALL
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM 935 REDGATE AVENUE NORFOLK, VA 23507	54-0506321	501(C)(3)	43,107				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 JUSTICE CENTER MARY LEES HOUSE 2806 N ARMENIA AVE SUITE 500 TAMPA, FL 33607	59-6000661	501(C)(3)	18,894				2018 PROGRAM IMPROVEMENT MH
CHILDREN'S TRUST ROANOKE VALLEY 541 LUCK AVENUE SUITE 308 ROANOKE, VA 24016	51-0235891	501(C)(3)	20,020				2019 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 TRUST ROANOKE VALLEY 541 LUCK AVENUE SUITE 308 ROANOKE, VA 24016	51-0235891	501(C)(3)	20,546				2018 PROGRAM IMPROVEMENT MH
COLORADO CHILDREN'S ALLIANCE 1177 GRANT ST STE 308 DENVER, CO 80203	84-1480528	501(C)(3)	120,000				2019 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
CRAMER CHILDREN'S CENTER 404 WEST TENNESSEE STREET FLORENCE, AL 35630	63-1053191	501(C)(3)	23,080				2018 PROGRAM DEVELOPMENT
DAKOTA CHILDREN'S ADVOCACY CENTER 1303 EAST CENTRAL AVE BISMARCK, ND 58501	81-4096679	501(C)(3)	36,080				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
DAWSON PLACE CHILD ADVOCACY CENTER 1509 CALIFORNIA STREET EVERETT, WA 98201	27-0627714	501(C)(3)	14,490				2019 MED EQUIP
DAWSON PLACE CHILD ADVOCACY CENTER 1509 CALIFORNIA STREET EVERETT, WA 98201	27-0627714	501(C)(3)	24,814				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
DAY ONE 100 MEDWAY ST PROVIDENCE, RI 02906	05-0385696	501(C)(3)	64,986				2018 DTVF SERVICE PROVISION
DAY ONE - RI CHAPTER OF CACS 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	14,640				2018 CH QIAA4

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

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DAY ONE - RI CHAPTER OF CACS 100 MEDWAY STREET PROVIDENCE, RI 02906	05-0385696	501(C)(3)	33,062				2019 CH QIAA4
DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BLVD DENVER, CO 80204	84-1155873	501(C)(3)	7,701				2019 DTVF SERVICE PROVISION

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

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DENVER CHILDREN'S ADVOCACY CENTER 2149 FEDERAL BLVD DENVER, CO 80204	84-1155873	501(C)(3)	37,864				2018 DTVF SERVICE PROVISION
DORCHESTER CHILDREN'S ADVOCACY CENTER 303 EAST RICHARDSON AVE SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	10,451				2018 PROGRAM IMPROVEMENT MH

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

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DORCHESTER CHILDREN'S ADVOCACY CENTER 303 EAST RICHARDSON AVE SUMMERVILLE, SC 29483	57-1078099	501(C)(3)	14,079				2019 DTVF SERVICE PROVISION
EASTERN DISTRICT ATTORNEY'S OFFICE ESSEX CHILDREN'S ADVOCACY CENTER 10 FEDERAL STREET SALEM, MA 01970	45-5586842	501(C)(3)	11,856				2019 MED EQUIP

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

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FAMILY AND CHILDREN'S PLACE 1000 SOUTH 5TH STREET LOUISVILLE, KY 40203	61-0549561	501(C)(3)	7,135				2019 DTVF TRAINING
FAMILY AND CHILDREN'S PLACE 1000 SOUTH 5TH STREET LOUISVILLE, KY 40203	61-0549561	501(C)(3)	15,889				2019 MED EQUIP

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)	21,916				2018 DTVF TRAINING AWARDS
FAMILY CRISIS CHILD ADVOCACY CENTER 1924 BROADWAY AVE GREAT BEND, KS 67530	48-9395059	501(C)(3)	5,648				2019 DTVF TRAINING

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
FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS INC 2940 EAST PARK AVENUE SUITE 2B TALLAHASSEE, FL 32301	59-3496460	501(C)(3)	94,659				2018 CH QIAA2
FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS INC 2940 EAST PARK AVENUE SUITE 2B TALLAHASSEE, FL 32301	59-3496460	501(C)(3)	108,756				2019 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
GARTH HOUSE - MICKEY MEHAFFY CHILDREN'S ADVOCACY PROGRAM INC 1895 MCFADDIN AVE BEAUMONT, TX 77701	76-0660968	501(C)(3)	72,886				2018 DTVF SERVICE PROVISION
GEORGIA CENTER FOR CHILD ADVOCACY - DEKALB CAC 1950 WEST EXCHANGE PLACE TUCKER, GA 30084	58-1762069	501(C)(3)	40,686				2018 DTVF TRAINING AWARDS

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

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GEORGIA CENTER FOR CHILD ADVOCACY - FULTON COUNTY 1458-B WOODLAND AVE ATLANTA, GA 30316	58-1762069	501(C)(3)	65,515				2018 DTVF SERVICE PROVISION
GRAND COUNTY CHILDREN'S JUSTICE CENTER 180 SOUTH 300 EAST POST OFFICE BOX 1388 MOAB, UT 84532	87-6000304	501(C)(3)	5,798				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
GREATER RICHMOND SCAN 103 E GRACE STREET RICHMOND, VA 23219	54-1584969	501(C)(3)	9,943				2018 PROGRAM IMPROVEMENT MH
HAMILTON HOUSE CHILD AND FAMILY SAFETY CENTER 2713 SOUTH 74TH ST STE 103 FORT SMITH, AR 72903	27-0487290	501(C)(3)	14,696				2019 MED EQUIP

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
HARRIET M WEST CAC-THE SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVENUE SARATOGA SPRINGS, NY 12866	14-1604339	501(C)(3)	10,225				2018 PROGRAM IMPROVEMENT MH
HAWAII STATE CHAPTER OF CHILDREN'S JUSTICE CENTERS 3019 PALI HIGHWAY HONOLULU, HI 96817	46-2365359	501(C)(3)	41,035				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
HAWAII STATE CHAPTER OF CHILDREN'S JUSTICE CENTERS 3019 PALI HIGHWAY HONOLULU, HI 96817	46-2365359	501(C)(3)	50,720				2019 CH QIAA4
HELEN'S HAVEN CHILDREN'S ADVOCACY CENTER 214 FRASER DR HINESVILLE, GA 31310	58-1686152	501(C)(3)	8,787				2019 CAC SERVICES FOR MILITARY INSTALLATIONS

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

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HIGHLANDS COMMUNITY SERVICES BOARD 21451 SUGAR HOLLOW ROAD BRISTOL, VA 24202	54-0979632	501(C)(3)	19,146				2019 MED EQUIP
HORIZONS MENTAL HEALTH CENTER'S CHILD ADVOCACY CENTER 1600 NORTH LORRAINESTE 202 HUTCHINSON, KS 67501	48-0970362	501(C)(3)	21,241				2019 MED EQUIP

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

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IDAHO NETWORK OF CHILDREN'S ADVOCACY CENTERS 1305 THIRD STREET SOUTH NAMPA, ID 83651	82-0396300	501(C)(3)	34,665				2018 CH QIAA4
IDAHO NETWORK OF CHILDREN'S ADVOCACY CENTERS 1305 THIRD STREET SOUTH NAMPA, ID 83651	82-0396300	501(C)(3)	46,407				2019 CH QIAA4

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA CHAPTER OF NATIONAL CHILDREN'S ALLIANCE THE CASIE CENTER 533 N NILES AVENUE AVENUE SOUTH BEND, IN 46617	26-2269042	501(C)(3)	48,000				2018 CH QIAA3
INDIANA CHAPTER OF NATIONAL CHILDREN'S ALLIANCE THE CASIE CENTER 533 N NILES AVENUE AVENUE SOUTH BEND, IN 46617	26-2269042	501(C)(3)	72,500				2019 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 5TH AVE SUITE 548 DES MOINES, IA 50309	27-0473272	501(C)(3)	6,062				2018 CH QIAA3
IOWA CHAPTER OF CHILDREN'S ADVOCACY CENTERS 505 5TH AVE SUITE 548 DES MOINES, IA 50309	27-0473272	501(C)(3)	69,333				2019 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 605 LEXINGTON, KY 40507	61-1395277	501(C)(3)	26,000				2018 CH QIAA3
KENTUCKY ASSOCIATION OF CHILDREN'S ADVOCACY CENTERS 200 WEST VINE STREET SUITE 605 LEXINGTON, KY 40507	61-1395277	501(C)(3)	92,000				2019 CH QIAA3

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS' HARBOR INC 5717 CHAPEL DRIVE OSAGE BEACH, MO 65065	43-1927828	501(C)(3)	16,713				2019 MED EQUIP
KIDS' HARBOR TOO 181 EASTLAWN AVENUE 1-B ST ROBERT, MO 65584	43-1927828	501(C)(3)	11,895				2019 CAC SERVICES FOR MILITARY INSTALLATIONS

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' HARBOR TOO 181 EASTLAWN AVENUE 1-B ST ROBERT, MO 65584	43-1927828	501(C)(3)	51,295				2018 CAC SERV FOR MIL INSTALL
KIDZ FIRST CHILDREN'S ADVOCACY CENTER THE NORD CENTER 6140 S BROADWAY LORAIN, OH 44053	34-0949459	501(C)(3)	10,635				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
KIDZ FIRST CHILDREN'S ADVOCACY CENTER THE NORD CENTER 6140 S BROADWAY LORAIN, OH 44053	34-0949459	501(C)(3)	18,386				2018 PROGRAM IMPROVEMENT MH
KIDZ FIRST CHILDREN'S ADVOCACY CENTER THE NORD CENTER 6140 S BROADWAY LORAIN, OH 44053	34-0949459	501(C)(3)	22,481				2019 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
KIDZ FIRST CHILDREN'S ADVOCACY CENTER THE NORD CENTER 6140 S BROADWAY LORAIN, OH 44053	34-0949459	501(C)(3)	72,310				2018 DTVF SERVICE PROVISION
LEFLORE COUNTY CHILD ADVOCACY NETWORK INC 300 ROGERS AVENUE POTEAU, OK 74953	73-1576658	501(C)(3)	5,279				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
LINCOLN LANCASTER COUNTY CHILD ADVOCACY CENTER INC 5025 GARLAND STREET LINCOLN, NE 68504	47-0793765	501(C)(3)	5,326				2019 DTVF TRAINING
LOUISIANA ALLIANCE OF CHILDREN'S ADVOCACY CENTERS 1101 CALHOUN ST NEW ORLEANS, LA 70118	81-3869783	501(C)(3)	59,994				2019 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
LOUISIANA ALLIANCE OF CHILDREN'S ADVOCACY CENTERS 1101 CALHOUN ST NEW ORLEANS, LA 70118	81-3869783	501(C)(3)	60,122				2018 CH QIAA3
MAINE NETWORK OF CHILDREN'S ADVOCACY CENTERS 45 MEMORIAL CIRCLE SUITE 302 AUGUSTA, ME 04330	01-0420232	501(C)(3)	30,461				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
MAINE NETWORK OF CHILDREN'S ADVOCACY CENTERS 45 MEMORIAL CIRCLE SUITE 302 AUGUSTA, ME 04330	01-0420232	501(C)(3)	52,500				2019 CH QIAA4
MANATEE CHILDREN'S SERVICES 1227 9TH AVE W BRADENTON, FL 34205	59-1771210	501(C)(3)	9,989				2019 MED EQUIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND CHILDREN'S ALLIANCE 2300 N CHARLES ST STE 220 BALTIMORE, MD 21218	42-1602584	501(C)(3)	81,325				2018 CH QIAA3
MARYLAND CHILDREN'S ALLIANCE 2300 N CHARLES ST STE 220 BALTIMORE, MD 21218	42-1602584	501(C)(3)	120,000				2019 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)	57,575				2018 CH QIAA3
MASSACHUSETTS CHILDREN'S ALLIANCE 11 BEACON STREET SUITE 321 BOSTON, MA 02108	34-2006038	501(C)(3)	98,977				2019 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
MIDDLESEX CHILDREN'S ADVOCACY CENTER 15 COMMONWEALTH AVENUE WOBURN, MA 01801	04-6002284	501(C)(3)	11,856				2019 MED EQUIP
MIDWEST CHILDREN'S RESOURCE CENTER 347 SMITH AVE NO SUITE 401 ST PAUL, MN 55102	41-1754276	501(C)(3)	12,312				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
MIDWEST CHILDREN'S RESOURCE CENTER 347 SMITH AVE NO SUITE 401 ST PAUL, MN 55102	41-1754276	501(C)(3)	13,531				2019 MED EQUIP
MIDWEST CHILDREN'S RESOURCE CENTER 347 SMITH AVE NO SUITE 401 ST PAUL, MN 55102	41-1754276	501(C)(3)	15,724				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
MIDWEST CHILDREN'S RESOURCE CENTER 347 SMITH AVE NO SUITE 401 ST PAUL, MN 55102	41-1754276	501(C)(3)	34,861				2018 DTVF TRAINING AWARDS
MIDWEST CHILDREN'S RESOURCE CENTER 347 SMITH AVE NO SUITE 401 ST PAUL, MN 55102	41-1754276	501(C)(3)	58,519				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
MINNESOTA CHILDREN'S ALLIANCE 2301 WOODBRIDGE ST 200 ROSEVILLE, MN 55113	26-3318481	501(C)(3)	15,000				2019 CHAPTER CT SYSTEM IMPROVEMENTS
MINNESOTA CHILDREN'S ALLIANCE 2301 WOODBRIDGE ST 200 ROSEVILLE, MN 55113	26-3318481	501(C)(3)	24,000				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
MINNESOTA CHILDREN'S ALLIANCE 2301 WOODBRIDGE ST 200 ROSEVILLE, MN 55113	26-3318481	501(C)(3)	61,000				2019 CH QIAA3
MISSION KIDS CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY 180 W GERMANTOWN PIKE SUITE 1 EAST NORRITON, PA 19401	14-1975929	501(C)(3)	25,000				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
MISSOURI KIDSFIRST 520 DIX ROAD SUITE C JEFFERSON CITY, MO 65018	27-0124899	501(C)(3)	115,751				2019 CH QIAA2
MISSOURI KIDSFIRST 520 DIX ROAD SUITE C JEFFERSON CITY, MO 65018	27-0124899	501(C)(3)	123,578				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
NATIONAL CHILDREN'S ADVOCACY CENTER 210 PRATT AVENUE NE HUNTSVILLE, AL 35801	63-0891512	501(C)(3)	24,993				2018 CAC RESP TO PHYSICAL ABUSE
NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS 11949 Q STREET OMAHA, NE 68137	47-4088844	501(C)(3)	19,911				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
NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS 11949 Q STREET OMAHA, NE 68137	47-4088844	501(C)(3)	85,000				2019 CH QIAA3
NEW HOPE BLOUNT COUNTY CHILDREN'S ADVOCACY CENTER 212 CATES STREET MARYVILLE, TN 37801	62-1806067	501(C)(3)	14,232				2019 MED EQUIP

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 33 WOOD AVE SOUTH SUITE 600 ISELIN, NJ 08830	41-2255586	501(C)(3)	46,000				2019 CH QIAA3
NEW JERSEY CHILDREN'S ALLIANCE 33 WOOD AVE SOUTH SUITE 600 ISELIN, NJ 08830	41-2255586	501(C)(3)	68,000				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)	41,000				2019 CH QIAA4
NEW MEXICO CHILDREN'S ALLIANCE 807 W APACHE ST FARMINGTON, NM 87401	85-0206752	501(C)(3)	44,002				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
NEW YORK STATE CHILDREN'S ALLIANCE INC 216 FAYETTE STREET MANLIUS, NY 13104	27-3705749	501(C)(3)	220,102				2018 CH QIAA1
NEW YORK STATE CHILDREN'S ALLIANCE INC 216 FAYETTE STREET MANLIUS, NY 13104	27-3705749	501(C)(3)	247,670				2019 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
NORFOLK ADVOCATES FOR CHILDREN 12 PAYSON ROAD FOXBOROUGH, MA 02035	04-3693324	501(C)(3)	11,856				2019 MED EQUIP
NORTHERN MICHIGAN ALLIANCE FOR CHILDREN 127 NORTH 2ND STREET HARRISON, MI 48625	46-2508124	501(C)(3)	16,321				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, NV 89048	88-0351314	501(C)(3)	5,669				2019 PROGRAM EXPANSION
NYE COUNTY CHILDREN'S ADVOCACY CENTER 621 S BLAGG PAHRUMP, NV 89048	88-0351314	501(C)(3)	12,393				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 SUITE B112 COLUMBUS, OH 43235	01-0688897	501(C)(3)	96,250				2019 CH QIAA2
OHIO NETWORK OF CHILDREN'S ADVOCACY CENTERS 90 NORTHWOODS BLVD SUITE B112 COLUMBUS, OH 43235	01-0688897	501(C)(3)	122,757				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)	5,990				2019 DTVF SERVICE PROVISION
PARTNERS WITH FAMILIES & CHILDREN SPOKANE 1321 W BROADWAY SPOKANE, WA 99201	68-0576560	501(C)(3)	18,912				2019 MED EQUIP

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)	20,971				2018 DTVF TRAINING AWARDS
PARTNERS WITH FAMILIES & CHILDREN SPOKANE 1321 W BROADWAY SPOKANE, WA 99201	68-0576560	501(C)(3)	59,659				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
PEE DEE COALITION AGAINST DOMESTIC AND SEXUAL ASSAULT 510 WEST CAROLINA AVENUE HARTSVILLE, SC 29550	57-0830844	501(C)(3)	21,431				2018 PROGRAM DEVELOPMENT
PENNSYLVANIA CHAPTER OF CHILDREN'S ADVOCACY CENTERS AND MULTIDISCIPLINARY T 626 JAMES ST ERIE, PA 16509	20-8387293	501(C)(3)	127,048				2019 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
PERRY-JACKSON CHILD ADVOCACY CENTER 5512 STATE ROUTE 154 PINCKNEYVILLE, IL 62274	11-3664749	501(C)(3)	14,170				2019 MED EQUIP
PHILADELPHIA CHILDREN'S ALLIANCE 300 EAST HUNTING PARK AVENUE PHILADELPHIA, PA 191246005	23-2526605	501(C)(3)	5,678				2019 DTVF TRAINING

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 191246005	23-2526605	501(C)(3)	13,177				2018 DTVF TRAINING AWARDS
PINAL COUNTY ATTORNEY'S FAMILY ADVOCACY CENTER 4045 COOLIDGE AVE ELOY, AZ 85131	86-6000556	501(C)(3)	19,975				2019 MED EQUIP

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
PINAL COUNTY ATTORNEY'S OFFICE FAMILY ADVOCACY CENTER (SAN TAN VALLEY) 33622 N MOUNTAIN VISTA BLVD QUEEN CREEK, AZ 85142	86-6000556	501(C)(3)	13,645				2018 DTVF TRAINING AWARDS
PINAL COUNTY ATTORNEY'S OFFICE FAMILY ADVOCACY CENTER (SAN TAN VALLEY) 33622 N MOUNTAIN VISTA BLVD QUEEN CREEK, AZ 85142	86-6000556	501(C)(3)	22,604				2019 MED EQUIP

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
PLAQUEMINES COMMUNITY CARE CENTERS FOUNDATION INC 115 KEATING DR BELLE CHASSE, LA 70037	20-3884943	501(C)(3)	22,839				2018 PROGRAM IMPROVEMENT MH
PLYMOUTH COUNTY CAC 309 PLEASANT STREET BROCKTON, MA 02301	04-6002284	501(C)(3)	11,856				2019 MED EQUIP

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)	10,029				2019 DTVF SERVICE PROVISION
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137	47-0789054	501(C)(3)	18,839				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
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137	47-0789054	501(C)(3)	22,643				2019 CAC SERVICES FOR MILITARY INSTALLATIONS
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137	47-0789054	501(C)(3)	29,352				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
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137	47-0789054	501(C)(3)	42,311				2018 DTVF SERVICE PROVISION
RED RIVER CHILDREN'S ADVOCACY CENTER 100 SOUTH 4TH STREET 302 FARGO, ND 58103	45-6014870	501(C)(3)	9,689				2019 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
RED RIVER CHILDREN'S ADVOCACY CENTER 100 SOUTH 4TH STREET 302 FARGO, ND 58103	45-6014870	501(C)(3)	15,302				2019 PROGRAM IMPROVEMENT MH
RED RIVER CHILDREN'S ADVOCACY CENTER 100 SOUTH 4TH STREET 302 FARGO, ND 58103	45-6014870	501(C)(3)	17,857				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 SOUTH 4TH STREET 302 FARGO, ND 58103	45-6014870	501(C)(3)	19,782				2019 CAC RESP TO CHILDREN WITH SBP
RIVERSIDE COUNTY CHILD ASSESSMENT TEAM 26520 CACTUS AVENUE MORENO VALLEY, CA 92555	33-0374018	501(C)(3)	21,736				2019 MED EQUIP

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
ROCK ISLAND COUNTY CHILDREN'S ADVOCACY CENTER 734 20TH STREET ROCK ISLAND, IL 61201	31-1612180	501(C)(3)	13,070				2018 DTVF TRAINING AWARDS
SAFE HARBOR CHILD ADVOCACY CENTER 305 HANSON AVENUE SUITE 180 FREDERICKSBURG, VA 22401	26-1563081	501(C)(3)	8,980				2019 MED EQUIP

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
SAFE HARBOR CHILDREN'S ADVOCACY CENTER 402 TROWBRIDGE STREET ALLEGAN, MI 49010	38-2748322	501(C)(3)	20,148				2018 PROGRAM IMPROVEMENT MH
SAFE HARBOR CHILDREN'S ADVOCACY CENTER OF BARRY COUNTY 1127 W STATE STREET HASTINGS, MI 49058	38-2748322	501(C)(3)	10,012				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
SAFE SHORES - THE DC CHILDREN'S ADVOCACY CENTER 429 O STREET NW WASHINGTON, DC 20001	52-1888617	501(C)(3)	7,954				2019 CAC RESPONSE DC AND US TERRITORIES
SAFE SHORES - THE DC CHILDREN'S ADVOCACY CENTER 429 O STREET NW WASHINGTON, DC 20001	52-1888617	501(C)(3)	10,000				2018 CAC RESPONSE DC AND TERRITORIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX 4031 CHAIN BRIDGE ROAD SUITE 201 FAIRFAX, VA 22030	46-1358388	501(C)(3)	6,100				2019 PROGRAM IMPROVEMENT MH
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX 4031 CHAIN BRIDGE ROAD SUITE 201 FAIRFAX, VA 22030	46-1358388	501(C)(3)	16,238				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
SANILAC COUNTY CHILD ADVOCACY CENTER 171 DAWSON STREET SUITE 123 SANDUSKY, MI 48471	38-2584577	501(C)(3)	10,275				2019 MED EQUIP
SANTA ROSA KID'S HOUSE INC 5643 STEWART STREET MILTON, FL 32570	20-1524354	501(C)(3)	8,442				2019 MED EQUIP

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
SHELBY CAC INC OWENS HOUSE 22747 HIGHWAY 25 COLUMBIANA, AL 35051	63-1096608	501(C)(3)	9,228				2019 DTVF TRAINING
SOUTH CAROLINA NETWORK OF CHILDREN'S ADVOCACY CENTERS 1300 PICKENS STREET SUITE 158 COLUMBIA, SC 29208	86-1158952	501(C)(3)	88,769				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
SOUTH CAROLINA NETWORK OF CHILDREN'S ADVOCACY CENTERS 1300 PICKENS STREET SUITE 158 COLUMBIA, SC 29208	86-1158952	501(C)(3)	102,127				2019 CH QIAA3
SOUTHERN TIER CHILD ADVOCACY CENTER 772 MAIN STREET OLEAN, NY 14760	16-1469489	501(C)(3)	21,155				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
SOUTHWEST MISSISSIPPI CHILDREN'S ADVOCACY CENTER 420 DELAWARE AVENUE MCCOMB, MS 39648	64-0918739	501(C)(3)	25,000				2019 PROGRAM DEVELOPMENT
SPURWINK CUMBERLAND COUNTY CHILDREN'S ADVOCACY CENTER 778 MAIN STREET SOUTH PORTLAND, ME 04106	01-0319802	501(C)(3)	5,467				2019 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
ST CLAIR COUNTY CHILD ADVOCACY CENTER 300 WEST MAIN SUITE 3 BELLEVILLE, IL 62220	37-1380467	501(C)(3)	21,128				2018 PROGRAM DEVELOPMENT
START CHILDREN'S CENTER INC 127 BLOOMINGROVE DRIVE 2ND FLOOR NORTH TROY, NY 12180	58-2546388	501(C)(3)	10,642				2019 MED EQUIP

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)	31,124				2018 CH QIAA3
THE ALASKA CHILDREN'S ALLIANCE 3003 CARROLL LANE ANCHORAGE, AK 99517	20-0798040	501(C)(3)	46,054				2019 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)	17,132				2018 PROGRAM IMPROVEMENT MH
THE CAROUSEL CENTER INC 1501 DOCK STREET WILMINGTON, NC 28401	56-2098739	501(C)(3)	22,556				2019 MED EQUIP

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 CENTER INC 989 HERITAGE PARKWAY WENTZVILLE, MO 63385	43-1856223	501(C)(3)	10,996				2018 DTVF SERVICE PROVISION
THE CHILDREN'S ADVOCACY CENTER OF BRISTOL COUNTY INC 58 ARCH STREET FALL RIVER, MA 02724	04-3135548	501(C)(3)	12,682				2019 MED EQUIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONNECTICUT CHILDREN'S ALLIANCE 75 CHARTER OAK AVENUE SUITE 309 HARTFORD, CT 06106	27-0182554	501(C)(3)	53,090				2018 CH QIAA3
THE CONNECTICUT CHILDREN'S ALLIANCE 75 CHARTER OAK AVENUE SUITE 309 HARTFORD, CT 06106	27-0182554	501(C)(3)	101,000				2019 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 DAVIS CHILD ADVOCACY CENTER 12204 IRON BRIDGE ROAD CHESTER, VA 23831	54-6001208	501(C)(3)	15,109				2018 PROGRAM EXPANSION
THE DEE NORTON LOWCOUNTRY CHILDREN'S CENTER INC 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)(3)	9,326				2019 CAC SERVICES FOR MILITARY INSTALLATIONS

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)	16,576				2019 CAC RESP TO CHILDREN WITH SBP
THE DEE NORTON LOWCOUNTRY CHILDREN'S CENTER INC 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)(3)	17,558				2019 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 DEE NORTON LOWCOUNTRY CHILDREN'S CENTER INC 1061 KING STREET CHARLESTON, SC 29403	57-0905724	501(C)(3)	19,061				2018 PROGRAM DEVELOPMENT
THE GRANITE STATE CHILDREN'S ALLIANCE 72 SOUTH RIVER ROAD SUITE 202 BEDFORD, NH 03110	74-3186259	501(C)(3)	48,670				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 GRANITE STATE CHILDREN'S ALLIANCE 72 SOUTH RIVER ROAD SUITE 202 BEDFORD, NH 03110	74-3186259	501(C)(3)	98,043				2019 CH QIAA3
THE HOWARD PHILLIPS CENTER CHILDREN'S ADVOCACY CENTER 601 W MICHIGAN STREET ORLANDO, FL 32805	59-1726273	501(C)(3)	6,221				2019 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
THE HOWARD PHILLIPS CENTER CHILDREN'S ADVOCACY CENTER 601 W MICHIGAN STREET ORLANDO, FL 32805	59-1726273	501(C)(3)	7,520				2019 PROGRAM IMPROVEMENT MH
THE HOWARD PHILLIPS CENTER CHILDREN'S ADVOCACY CENTER 601 W MICHIGAN STREET ORLANDO, FL 32805	59-1726273	501(C)(3)	19,689				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 LIGHTHOUSE GASTON COUNTY CHILDREN'S ADVOCACY CENTER 609 N HIGHLAND STREET GASTONIA, NC 28052	56-6000300	501(C)(3)	18,388				2018 PROGRAM IMPROVEMENT MH
THE OREGON NETWORK OF CHILD ABUSE INTERVENTION CENTERS 1827 NE 44TH AVE SUITE 220 PORTLAND, OR 97213	93-1293021	501(C)(3)	59,665				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 OREGON NETWORK OF CHILD ABUSE INTERVENTION CENTERS 1827 NE 44TH AVE SUITE 220 PORTLAND, OR 97213	93-1293021	501(C)(3)	85,045				2019 CH QIAA3
THE SAVILLE CENTER INC 1523 W 9TH AVE STILLWATER, OK 74074	73-1546193	501(C)(3)	23,555				2019 MED EQUIP

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)	25,000				2018 PROGRAM IMPROVEMENT MH
TWIN CEDARS YOUTH AND FAMILY SERVICES CHILDREN'S TREE HOUSE INC 1225 THIRD AVENUE COLUMBUS, GA 31901	58-1413499	501(C)(3)	14,353				2018 CAC SERV FOR MIL INSTALL

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
UPPER VALLEY CHILD ADVOCACY CENTER 30 MADISON PROFESSIONAL PARK SUITE B REXBURG, ID 83440	83-2077568	501(C)(3)	8,858				2019 PROGRAM EXPANSION
UTAH ATTORNEY GENERAL - CHILDREN'S JUSTICE CENTER PROGRAM 5272 S COLLEGE DRIVE 200 SALT LAKE CITY, UT 84123	87-6000545	501(C)(3)	19,686				2019 CH QIAA3

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

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UTAH ATTORNEY GENERAL - CHILDREN'S JUSTICE CENTER PROGRAM 5272 S COLLEGE DRIVE 200 SALT LAKE CITY, UT 84123	87-6000545	501(C)(3)	100,389				2018 CH QIAA3
UTAH COUNTY CHILDREN'S JUSTICE CENTER 315 SOUTH 100 EAST PROVO, UT 84606	87-6000312	501(C)(3)	23,050				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
VALLEY CHILDREN'S ADVOCACY CENTER 1105 GREENVILLE AVENUE STAUNTON, VA 24401	20-0831874	501(C)(3)	19,102				2019 PROGRAM IMPROVEMENT MH
VERMONT CHILDREN'S ALLIANCE 80 WEST STREET STE 203 RUTLAND, VT 05702	27-3145131	501(C)(3)	11,973				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
VERMONT CHILDREN'S ALLIANCE 80 WEST STREET STE 203 RUTLAND, VT 05702	27-3145131	501(C)(3)	68,198				2019 CH QIAA3
WEST VIRGINIA CHILD ADVOCACY NETWORK 601 MORRIS ST SUITE 202 CHARLESTON, WV 25301	38-3784521	501(C)(3)	91,073				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
WEST VIRGINIA CHILD ADVOCACY NETWORK 601 MORRIS ST SUITE 202 CHARLESTON, WV 25301	38-3784521	501(C)(3)	143,150				2019 CH QIAA2
WESTERN KANSAS CHILD ADVOCACY CENTER - HAYS 135 W 8TH HAYS, KS 67601	20-1055623	501(C)(3)	25,000				2019 MED EQUIP

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)	29,946				2019 DTVF SERVICE PROVISION
WILL COUNTY CHILDREN'S ADVOCACY CENTER 304 N SCOTT STREET JOLIET, IL 60432	36-6006672	501(C)(3)	48,225				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
YWCA OF THE MOHAWK VALLEY 7 RUTGER PARK UTICA, NY 13501	15-0532279	501(C)(3)	7,005				2019 DTVF SERVICE PROVISION

Schedule J (Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

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 Questions Regarding Compensation

	Yes	No
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		
<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)		
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	1b	
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?	2	
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		
<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		
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		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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	7	Yes
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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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/PROGRAMS, DIRECTOR OF GOVERNMENT AFFAIRS, DIRECTOR OF DEVELOPMENT, DIRECTOR OF GRANTS MANAGEMENT AND DEPUTY DIRECTOR/OPERATIONS 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**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

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 OUTSOURCED ITS ACCOUNTING FUNCTION FOR A PORTION OF THE YEAR COVERED BY THIS RETURN

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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