DLN: 93493091012291

OMB No. 1545-0047

2019

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

		2010 6	londar voar ortav voar bogi	nning 11-01-2019 , and ending	. 10 21 202	n	
			C Name of organization	inning 11-01-2019 , and ending	10-31-202		identification number
		oplicable: change	NATIONAL CHILDREN'S ALLIANCE	INC			
□ Na	me cha	ange				63-10447	81
	tial ret		Doing business as				
		n/terminated return	Number and street (or P.O. hox if r	nail is not delivered to street address) R	toom/suite	E Telephone r	number
		n pending	516 C STREET NE	Name of the control of the second and the second	toom, banco	(202) 548	-0090
				intry, and ZIP or foreign postal code			
			WASHINGTON, DC 20002			G Gross recei	pts \$ 15,925,544
			F Name and address of princip	al officer:	H(a)) Is this a group retur	 rn for
			TERESA HUIZAR 516 C STREET NE			subordinates?	□Yes ☑ No
			WASHINGTON, DC 20002		H(b) Are all subordinates	Yes 🗆 No
I Ta:	x-exem	npt status:	✓ 501(c)(3)	(insert no.) 4947(a)(1) or	527	included? If "No," attach a list	
J W	ebsite	e:▶ WW	/W.NATIONALCHILDRENSALLIAN			Group exemption nu	•
K Forr	n of or	ganization:	Corporation Trust Ass	ociation 🔲 Other ►	L Year	of formation: 1992	1 State of legal domicile: AL
Pa	art I	Sum	mary scribe the organization's mission	or most significant activities:			
				AND CONTINUANCE OF FACILITIE	S WHERE CH	ILD VICTIMS OF SEXU	JAL AND/OR PHYSICAL
Çe	<u>A</u>	BUSE CA	N GO FOR INTERVENTION AND C	OUNSELING.			
<u> </u>							
Ę.	-						
Ġ G				scontinued its operations or dispose			
<u>-</u>			•	ng body (Part VI, line 1a)			3 11
Activities & Governance			•	f the governing body (Part VI, line	,		4 11
\			, ,	alendar year 2019 (Part V, line 2a)			5 42
F F			•	cessary)			6 11
	l			t VIII, column (C), line 12			7a 0
	ь	Net unrel	ated business taxable income fro	m Form 990-T, line 39	· · ·		7b 0
				\	<u> </u>	Prior Year	Current Year
₫	l		<u>-</u>)		14,872,39	
Ravenue	l)	·	2,016,600	
æ				lines 3, 4, and 7d)	_	3,359	<u>'</u>
			renue (Part VIII, column (A), lines		13)	5,960 16,898,310	·
			nd similar amounts paid (Part IX,	ust equal Part VIII, column (A), line	12)	10,766,34	
			paid to or for members (Part IX, c		\vdash		0 (0,321,000
			•	enefits (Part IX, column (A), lines 5	-10)	3,735,60	1
Seg	l		nal fundraising fees (Part IX, colu				0 0
Expenses			raising expenses (Part IX, column (D),		·		
ਡ	l		penses (Part IX, column (A), lines		- -	3,115,686	6 2,243,408
		· ·	enses. Add lines 13–17 (must eq	•		17,617,629	+
			less expenses. Subtract line 18 f			-719,31	
χφ.					Ве	ginning of Current Yea	<u>'</u>
anc and							
Net Assets or Fund Balances			ets (Part X, line 16)		·	4,692,73	7 4,941,656
₹ 2			ilities (Part X, line 26)			1,838,77	
			s or fund balances. Subtract line	21 from line 20		2,853,96	0 2,457,901
	rt II		ature Block	nined this return, including accomp	anving sched	ules and statements	and to the best of my
knowl	edge	and belie		e. Declaration of preparer (other th			
any k	nowle	dge.					
		*****	*			2021-03-23	
Sign		Signati	ure of officer			Date	
Here	;	TERES	A HUIZAR EXECUTIVE DIRECTOR				
			r print name and title				
		P	rint/Type preparer's name	Preparer's signature	Date 2021-03-	-23 Check I if PTI	N 0238304
Paid	t	L			2021-03	self-employed	
Pre	pare	er F	irm's name ► DEMBO JONES PC			Firm's EIN ► 52-10	73331
_	On	ı ⊢	irm's address ► 6116 EXECUTIVE BLV	O SUITE 500		Phone no. (301) 770	0-5100
			NORTH BETHESDA, M	D 20852			
May +	he ID	S discuss		wn above? (see instructions) .			☑ Yes ☐ No
∵ıay t	HE TK?	J UISCUSS	una recurri wich die preparer SNC	win above: (SEE IIISU UCUONS)			ப் 1 es ∟ NU

Form	990 (2019)					Page 2						
Pa	Statement	of Program Servi	ce Accomplis	hments								
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗆						
1	Briefly describe the c	organization's mission:		•								
			CONTINUANCE	OF FACILITIES WHERE	CHILD VICTIMS OF SEXUAL AND/	OR PHYSICAL ABUSE CAN						
GO F	OR INTERVENTION AN	ID COUNSELING.										
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	_						
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe the	ese new services on Sc	hedule O.									
3	Did the organization	cease conducting, or n	nake significant	changes in how it cond	ucts, any program							
	services?											
	If "Yes," describe the	ese changes on Schedu	le O.									
4	Section 501(c)(3) an		ons are required	to report the amount	e largest program services, as mea of grants and allocations to others							
4a	(Code:) (Expenses \$	12,881,467	including grants of \$	10,321,668) (Revenue \$)						
	See Additional Data											
4b	(Code:) (Expenses \$	1,157,805	including grants of \$) (Revenue \$	1,653,057)						
	See Additional Data					_						
4c	(Code:) (Expenses \$	446,147	including grants of \$) (Revenue \$	0)						
	See Additional Data											
4d	Other program servi	_										
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)						
4e	Total program serv	vice expenses ▶	14,485,4	19								

Par	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\footnote{Schedule}$.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	1t 6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🔁	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, II or X as applicable.	х,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes." complete Schedule G. Part II	18		No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

Nο

19

20a

20b

21

Yes

Ves No. 10 did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22	m 9	90 (2019)			Page
Note the organization resort more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22	Part	Checklist of Required Schedules (continued)			
And the capanization answer "test" to Early (Section A, line 3, 4, or \$ about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1, and the last day of the year; that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and				Yes	No
yes checkedule J and comparison to the second process and highest compensated employees? If "Yes," complete Schedule J and the organization have a tax-exempt bend issue with an outstanding principal amount of more than \$1,00,000 as of helast day of the year, that was issued after December 31, 2022? If "Yes," answer lines 24b through 24d and samplete Schedule K, If "No," go to line 25a. 24b	(column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
he last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and prompted Schedule X. If "No," or to line 25a. 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax exempt bonds outstanding at any time during the year of defease any tax exempt bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction is disqualified person in a prior year, and hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "res," complete Schedule I., Part II. 25d bit the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former fifter, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of facility of these persons? If "res," complete Schedule I., Part III. 25d bit the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to to a 135% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part IV. 25d the organization aparty to a business transaction with one of the following parties (see Schedule I., Part IV. 26 In a family member of any individual described in line 28a? If "Yes," complete Schedule I., Part IV. 27 In a family member of any individual described in line 28a? If "Yes," complete Schedule I., Part IV. 28 In a family member of any individual described in line 28a? If "Yes," complete Schedule II., Part IV. 28 In a family member of any individual described in line 28a? If "Yes," complete Schedule II.	ä	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? If "Yes," complete Schedule J	23	Yes	
bid the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? 24d	1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
o defease any tax-exempt bonds? 246 246	b I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a		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		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a	d I	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family high the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a former officer, director, trustee, key employee, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV at Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
In the organization provide a grant or other designation with one of the following parties (see Schedule L, Part III organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 59% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III organization a party to a business transaction with one of the following parties (see Schedule L, Part IV onstructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV on the organization and the state of the following parties (see Schedule L, Part IV on the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV old the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M old the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M old the organization in liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I old the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part I old the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 101.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I old the organization of section \$12(b)(13)? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line I old the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line I old the organization conduct more than 5% of its activities through an entity that i	1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
angloyee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 27 a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV not former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a	(Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," 28b Note that organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 101.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II Nas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 201.7901-3? If "Yes," complete Schedule R, Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Solid the organization conduct more than 5% of its activities through an entity that is not a related organization and that so treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 Solid the organization complete Schedule O and provide explanations in Schedule O for Pa	6	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Note the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Note the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Note the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 20c of the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 20c of the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 30 Note the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 31 32 Note the organization have a controlled entity within the meaning of section 512(b)(13)? 33 34 35 35 36 37 38 39 39 30 30 30 30 30 30 30 30		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):			
28b No. 28c No		A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
28c) <i>i</i>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i>	28c		No
20 Statements Regarding Other IRS Filings and Tax Compliance 30 Note that the organization complete Schedule M	ı	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$. $$.	29		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	J	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			No
Part V, line 1		Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
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)? If "Yes," complete Schedule R, Part V, line 2		Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
organization? If "Yes," complete Schedule R, Part V, line 2		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
s treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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		Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
All Form 990 filers are required to complete Schedule O		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? If "Yes," complete Schedule R, Part VI	37		No
	1		38	Yes	
Check if Schedule O contains a response or note to any line in this Part V	art				
Yes N		Check if Schedule O contains a response or note to any line in this Part V	• ;		⊔ No

1a

1b

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

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

58

0

1c

Yes

01111	Ctatamenta Recording Other IDC Filings and Tay Compliance (continued)			rage 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		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		
	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)? If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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
_	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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?	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

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 11		Yes	No
Ia	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	2 Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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: ►DAVID BETZ 516 C STREET NE WASHINGTON, DC 20002 (202) 548-0090			

Part VII

(14) DAVID BETZ

(16) IRINA HEIN

(15) DENISE EDWARDS

(17) KRISTIE MCKENNEY

DIRECTOR OF GOVT AFFAIRS

DEPUTY DIRECTOR, OPERATIONS

DIRECTOR OF GRANTS MANAGEM

DIRECTOR OF CHAPTER DEVELO

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

and Independent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization						sacca	Citi	pioyees who receive	ed more than \$100	,,000
 List all of the organization's former director organization, more than \$10,000 of reportable control 										
See instructions for the order in which to list the	•		J. gan				, .	ciacca organización	J.	
$oxedsymbol{\square}$ Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	(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-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) JUSTIN FITZSIMMONS PRESIDENT	0.50	Х		×				0	0	0
(2) LOU ANNA RED CORN	0.50			,,						
VICE PRESIDENT		X		×				0	0	0
(3) CAROLE SWIECICKI IMMEDIATE PAST PRESIDENT	0.50	Х		х				0	0	0
(4) JEFFREY NOTO TREASURER	0.50	Х		х				0	0	0
(5) ALETHEA MILLER SECRETARY	0.50	Х		х				0	0	0
(6) KEVIN DOWLING BOARD MEMBER	0.50	х						0	0	0
(7) CHANNING PETRAK BOARD MEMBER	0.50	Х						0	0	0
(8) ADAM ROSENBERG BOARD MEMBER	0.50	Х						0	0	0
(9) HENRY SHIEMBOB BOARD MEMBER	0.50	Х						0	0	0
(10) LEANDA WELKER LCSW-C BOARD MEMBER	0.50	Х						0	0	0
(11) ERNESTINE BRIGGS-KING BOARD MEMBER	0.50	Х						0	0	0
(12) TERESA HUIZAR EXECUTIVE DIRECTOR	40.00			х				348,099	0	22,297
(13) KIM DAY DEPUTY DIRECTOR, PROGRAMS	40.00				x			198,175	0	20,485

40.00

40.00

40.00

40.00

18,327

16,890

18,078

15,007

0

0

0

158,405

162,747

132,324

128,455

Х

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

Page 8

га	Section A. Officers, Directors	, Ilustees, K	Cy Lili	picy	CCS	, ai	iu ilig	ines	st compensated	Linployees (con	tirrueu)	
	(A) Name and title	(B) Average hours per week (list any hours	than d	ne b	ox, ι n of	t ch unle: ficer	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estima amount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organizat relat organiz	:ed
							be					
. ,	HILLIP WARENIK	40.00					х		123,253	0		12,441
DIREC	CTOR OF COMMUNICATIONS	•••	••••				^		125,233	•		12,441
٠,	BRYAN BOESKIN	40.00					×		118,394	0		15,524
	TOR OF DEVELOPMENT		••••				^		110,054			
					_							
1h C	Sub-Total					<u> </u>	_					
	oub-Total	 /II. Section A		٠.	•	,						
						,	•		1,369,852	0		139,049
2	Total number of individuals (including but of reportable compensation from the orga		those li	sted a	abov	/e) v	vho re	ceive	ed more than \$100	,000		
											Yes	No
3	Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>						e, or h	-		mployee on 3		No
4	For any individual listed on line 1a, is the organization and related organizations grindividual									he 4	Yes	
5	Did any person listed on line 1a receive o	r accrue compe	nsation	from	anı	/ IIn	related	d ord	nanization or individ	<u> </u>	1	
	services rendered to the organization? <i>If</i> "									5		No
	stion P. Indopondent Contractors											
1	ction B. Independent Contractors Complete this table for your five highest of		denend	lent c	ontr	acto	re tha	t roc	reived more than ¢	100 000 of comper	eation	
_	from the organization. Report compensat										isacion	
	Managa and h	(A)							December	(B)	(C	
нмв і		ousiness address								tion of services TRACTED SERVICES	Compen	254,648
	OLARIS PARKWAY SUITE 200											/- ·=
	ERVILLE, OH 43082											
HUSC	H BLACKWELL STRATEGIES	-							LEGISLATIVE (SERVICES	CONSULTING		110,000
	/EST HIGH STREET								SELVICES			
JEFFE	RSON CITY, MO 65102											
									1			

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 ▶ 2

		(2019)							Page 9
Part	VIII			_		Barra Dr. B. Com.			
		Check if Sched	dule O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	18	a Federated campa	aigns	1a					1 011 011
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s	1 b					
13 OF	,	c Fundraising even	its	1c					
ffs,	,	d Related organiza	tions	1d					
<u>n</u> .	1	e Government grants	(contributions)	1e	14,179,638				
ons Sir	1	f All other contribution and similar amounts	ons, gifts, grants, s not included						
it i		above		1f	87,627 I				
真豆	'	g Noncash contributio lines 1a - 1f:\$	ons included in	1g					
Cor		h Total. Add lines :	1a-1f		>	14,267,265			
					Business Code				
	2a	SOFTWARE PROJECT			900099	821,205	821,205		
nue Line	l.	MEMBERSHIP DUES				521,917	521,917		
Program Service Revenue	D	MEMBERSHIP DOES			900099	·	,		
e B	С	ACCREDITATION			900099	308,460	308,460		
ervić					-				
S L	d								
gra	е								
Æ									
		All other program							
		Total. Add lines 2 Investment income			1,651,582	1	Ī	T	
		similar amounts) .			interest, and other	5,222			5,222
		Income from invest		empt b					
	5	Royalties	(i) Re	 eal	(ii) Personal				
			(1) 100	cai	(II) Personal	1			
		Gross rents	6a			1			
	b	Less: rental expenses	6ь						
	c	Rental income or (loss)	6c			1			
	c	Net rental income			<u> </u>	<u> </u>			
			(i) Secu	ırities	(ii) Other				
	7a	Gross amount from sales of	7a						
		assets other than inventory	[]						
	b	Less: cost or	71.						
		other basis and sales expenses	7b						
		Gain or (loss)	7c						
		Net gain or (loss)				1			
a)	8a	Gross income from fu (not including \$							
Other Revenue		contributions reported		'					
leve		See Part IV, line 18		8a					
er F		Less: direct expen : Net income or (los		8b	ents				
)th		. Net income or (los	ss) Irom ranara	ISING EV	ents •	1			
	9a	Gross income from See Part IV, line 19	gaming activities	- 1					
	ŀ	Less: direct expen		9a 9b		-			
		: Net income or (los			ies 👆	_			
	10	aGross sales of inve returns and allowa	entory, less ances	10a					
	b	Less: cost of good	s sold	10b	_	†			
	c	Net income or (los	ss) from sales o	of invent	tory	_			
		Miscellaneo			Business Code				
	11	•aMISCELLANEOUS			900099	1,475	1,475		
	L								
	b	•							
	c								
		-							
	c	All other revenue							
		Total. Add lines 1			>	4 475			
	12	: Total revenue. S	ee instructions			1,475			
						15,925,544	1,653,057		5,222

Forr	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c	•	-		ımn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,321,668	10,321,668		
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, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	792,648	356,132	433,377	3,139
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	2,290,114	1,633,378	582,628	74,108
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	106,267	79,307	23,490	3,470
9	Other employee benefits	342,178	316,090	15,666	10,422
	Payroll taxes	225,320	153,385	66,343	5,592
	Fees for services (non-employees):			33,5 15	
	Management				
		5,653		5,653	
	DLegal	· · ·	125.260	52,374	2 122
	c Accounting	180,757	125,260	52,374	3,123
	Lobbying				
	e Professional fundraising services. See Part IV, line 17		II.	_	
	Investment management fees				
-	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	605,411	515,100	58,616	31,695
12	Advertising and promotion				
13	Office expenses	46,239	23,206	22,774	259
14	Information technology	350,952	350,952		
15	Royalties				
16	Occupancy				
17	Travel	76,266	54,904	17,675	3,687
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	58,708	43,547	15,161	_
20	Interest	54,965		54,965	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	161,489		161,489	
23	Insurance	56,010		56,010	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a TAXES	-1,312		-1,312	
	L OTHER CRANT EVENINGS	262.072	262.072		
	b OTHER GRANT EXPENSES	263,972	263,972		
	c ACCREDITATION	198,877	198,877		
	d DUES AND SUBSCRIPTIONS	40,993	19,911	9,750	11,332
	e All other expenses	144,428	29,730	113,378	1,320
25	Total functional expenses. Add lines 1 through 24e	16,321,603	14,485,419	1,688,037	148,147
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Cash-non-interest-bearing

Savings and temporary cash investments .

Pledges and grants receivable, net . . .

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Investments—other securities. See Part IV, line 11 . . .

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11 .

basis. Complete Part VI of Schedule D

Intangible assets

Deferred revenue

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

b Less: accumulated depreciation

Grants payable .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Accounts receivable, net .

Form 990 (2019)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

Check if Schedule O contains a response or note to any line in this Part IX $$.		 🗆
	(A) Beginning of year	(B) End of year

3.525,912

1,506,053

266,966 1 1,266,642 2

740.221

54.900

79,436

2,181,348

103,224

555.658

93.750

1,086,145

103,224

1.838.777

2,553,960

2,853,960

4,692,737

300.000

0 24

4,692,737

3

4

5

6 7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

25

26

27

28

29

30

31

32

33

Page **11**

457,309

1,358,357

823,426

76.885

83,096

2,019,859

122,724

342,201

594.683

1,039,186

384.961

122,724

2.483.755

2,457,901

2,457,901

4,941,656

Form 990 (2019)

4,941,656

3b

Yes Form 990 (2019)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Additional Data

Software ID: Software Version:

EIN: 63-1044781

Name: NATIONAL CHILDREN'S ALLIANCE INC

Form 990 (2019)

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.

efile GRAPHIC print - DO NOT PROCESS							3493091012291					
SCI		ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047				
	m 99		Complete if the o	organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019				
		the Treasury	► Go to <u>www.ir</u>	<u>s.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
Nam	e of th	ne organiza HILDREN'S ALLI					Employer identific	ation number				
IVATIO	INAL CI						63-1044781					
Pa Thora			for Public Charity Stat a private foundation becaus				See instructions.					
1	rgariiz		onvention of churches, or a	•			(A)(i)					
2		•	scribed in section 170(b)									
3			or a cooperative hospital se		,							
4		·		-			-	ntor the beenitelle				
•	Ш	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			tate, or local government o	-								
7		-	ation that normally receives ${f '0(b)(1)(A)(vi)}.$ (Complet		s support from a	governmental u	init or from the gener	al public described in				
8			ty trust described in sectio	•	(Complete Part I	I.)						
9			ural research organization crant college of agriculture. S					ege or university or a				
10	✓	from activit investment	ation that normally receives dies related to its exempt fu income and unrelated busi See section 509(a)(2). (C	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross				
11		An organiza	ation organized and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).					
12		more public	ation organized and operate cly supported organizations through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a					
а		organizatio	supporting organization open n(s) the power to regularly Part IV, Sections A and E	appoint or elect a major								
b		manageme	supporting organization sunt of the supporting organizations Applete Part IV, Sections A	ation vested in the sar								
С		Type III f	unctionally integrated. A prganization(s) (see instruc	supporting organizatio				ted with, its				
d		Type III n functionally	on-functionally integrated integrated integrated. The organization of the complete Particles in	ed. A supporting organi on generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
e			box if the organization rece or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally				
f	Enter	the number	of supported organizations				<u> </u>					
g			ing information about the s		т'			I				
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
Tota			tion Act Notice, see the I	<u> </u>	Cat. No. 11285		 Schedule A (Form 9					

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2				
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)				
	(Complete only if you ch						under Part III.				
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)					
	ection A. Public Support Calendar year		I								
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 The value of services or facilities										
3	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.										
<u>s</u>	ection B. Total Support		T		1	1					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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										
10	business is regularly carried on 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 instruction	ons)			12					
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,				
	check this box and stop here					▶ [
S	ection C. Computation of Publi										
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-				
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15					
16a	33 1/3% support test—2019. If the										
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□				
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this				
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆				
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14					
	in Part VI how the organization meets	s 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain n Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
	organization			-			►□				
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line					
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.					
	Explain in Part VI how the organization			-		• •	. \Box				
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔				
18	_						. □				
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔				

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	Part IIII Support Schedule fo						
	(Complete only if you					to qualify unc	er Part II. If
_	the organization fails t ection A. Public Support	o quality under t	the tests listed b	below, please co	mpiete Part II.)		
3	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .	9,013,310	15,128,312	12,036,380	14,872,391	14,267,265	65,317,658
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in	2,033,114	1,964,150	1,962,129	2,016,606	1,651,582	9,627,581
	any activity that is related to the						
3	organization's tax-exempt purpose 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						
_	The value of complete on facilities						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	11,046,424	17,092,462	13,998,509	16,888,997	15,918,847	74,945,239
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3						
L	received from other than						
	disqualified persons that exceed the						(
	greater of \$5,000 or 1% of the						
_	amount on line 13 for the year.						,
8	Add lines 7a and 7b Public support. (Subtract line 7c						
0	from line 6.)						74,945,239
S	ection B. Total Support			•			•
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶	. ,	` ,	` '	``		```
9		11,046,424	17,092,462	13,998,509	16,888,997	15,918,847	74,945,239
L0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	225	1,008	1,482	3,359	5,222	11,296
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
C		225	1,008	1,482	3,359	5,222	11,296
11	Net income from unrelated business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12		7.600	. 700	0.005	5.050		20.45
	or loss from the sale of capital	7,632	4,700	9,385	5,960	1,475	29,152
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,						
	11, and 12.)	11,054,281	17,098,170	14,009,376	16,898,316	15,925,544	
14	First five years. If the Form 990 is f	or the organization	n's first, second, th	ird, fourth, or fifth	ntax year as a sec	tion 501(c)(3) c	rganization <u>,</u>
	check this box and stop here			<u>.</u>			<u> ▶ □</u>
S	ection C. Computation of Public						
15	Public support percentage for 2019 (I		, ,	(, ,		15	99.950 %
16	Public support percentage from 2018	Schedule A, Part I	II, line 15			16	99.940 %
S	ection D. Computation of Inves						
17	Investment income percentage for 20	119 (line 10c, colu	mn (f) divided by l	ine 13, column (f))	17	0.020 %
18	Investment income percentage from	2018 Schedule A,	Part III, line 17 .			18	0.010 %
							
	331/3% support tests—2019. If the	e organization did r	not check the box o	on line 14, and line	e 15 is more than	33 1/3%, a nd lir	ie 17 is not

b 33 1/3% support tests—2018. 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

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

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

6

7

8

the organization had excess business holdings).

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

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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

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.

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 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

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 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

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 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	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?					
		11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c				
S	ection 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? 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.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-				
2	operated, supervised, or controlled the supporting organization? 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	2				
	organization.					
S	ection 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)? If "No," describe in Part VI how control or management of the	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		v			
_			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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
_		2				
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
S	ection 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 instruct	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No		
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	2a				
ı	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? 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.	2b				
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> .	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h				

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV See					
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Pai instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A th								
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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							
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1 b							
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							

	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 2019 from Section C, line 6	

_6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019

7 Total annual distributions. Add lines 1 through 6.							
o∨ide							
10 Line 8 amount divided by Line 9 amount							
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019						
derdistributions	Distributable						
0	vide						

8 Distributions to attentive supported organizations to widetails in Part VI). See instructions			
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493091012291

OMB No. 1545-0047

Internal Revenue Service

EZ)

2 3

1

3

3

5

2

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. 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 **Employer identification number** NATIONAL CHILDREN'S ALLIANCE INC. 63-1044781 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

Return Reference

PART II-B, LINE 1:

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				
or c	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a) ((b)	
ctiv		Yes	No	A	moun	t
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:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	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			12	0,000
j	Total. Add lines 1c through 1i				12	0,000
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			1		
С	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?					
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion		
	501(c)(6).				· ·	
1	Were substantially all (90% or more) dues received nondeductible by members?		0	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	, , , , , , , , , , , , , , , , , , , ,		-	3		
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			_	246	
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01(C)(6)
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).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
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?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
		D 17	A 15		2 /-	
	ovide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	rart II-	A, IINES	s ⊥ and	∠ (se	е

OTHER ACTIVITIES INCLUDE MEMBERSHIP DUES AND CONTRACT FEES.

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493091012291

2019

OMB No. 1545-0047

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.

Open to Public

Department of the Treasury

(Form 990)

Na	me of the organization		o u			yer identification	number
NAT	IONAL CHILDREN'S ALLIANCE INC				63-104	4781	
Pa	rt I Organizations Maintaining Donor Advis Complete if the organization answered "Yes				_ !		
	Complete if the organization answered Te			sed 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 advisor organization's property, subject to the organization's exc] Yes □ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for	any other purpose		impermissible] Yes □ No
Pa	t II Conservation Easements.		D1-	D/ 1: 7			
_	Complete if the organization answered "Yes						
1	Purpose(s) of conservation easements held by the organ		tnat ap				
	Preservation of land for public use (e.g., recreation	or education)		Preservation of ar		, ,	area
	☐ Protection of natural habitat		Ш	Preservation of a	certified hi	istoric structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo		nservation Held at the End	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	structure include	d in (a)	2c		
d	Number of conservation easements included in (c) acquire structure listed in the National Register	red after 7/25/06,	and n	ot on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, exting	guished	, or terminated by	the organ	ization during the	
4	Number of states where property subject to conservation	n easement is loca	ated 🕨				
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	e periodic monito ?	ring, in 	spection, handling	of violatio	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	riolatio	ns, and enforcing c	onservatio	on easements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violati	ons, ar	nd enforcing conser	rvation eas	sements during th	e year
8	Does each conservation easement reported on line 2(d)				.70(h)(4)(l	B)(i)	
	and section $170(h)(4)(B)(ii)$?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or					
Par	Organizations Maintaining Collections Complete if the organization answered "Yes				ner Simil	lar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan-	public exhibition,	educati	on, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:						
(i) Revenue included on Form 990, Part VIII, line ${f 1}$				•	> \$	
(i	i)Assets included in Form 990, Part X				•	<u></u> -	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ancial gain,	, provide the	
а	Revenue included on Form 990, Part VIII, line 1				1	> \$	
b	Assets included in Form 990, Part X					▶ \$	_
For I	Paperwork Reduction Act Notice, see the Instruction						orm 990) 201

Par	t III	Organizations M	aintaining Col	lections of A	Art, Histor	ical T	reasu	res, o	r Other	Similar As	sets (conti	nued)	
3		ng the organization's acq ns (check all that apply):		n, and other re	cords, check	any of	the fol	llowing t	that are a	significant u	se of its coll	ection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			е		Other						
С		Preservation for future	e generations										
4		vide a description of the XIII.	organization's col	lections and ex	cplain how the	ey furt	her the	organiz	zation's e	xempt purpo	se in		
5		ing the year, did the org ets to be sold to raise fur									☐ Yes	□ N	lo
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			n Form 990), Part	IV, lir	ne 9, o	r reporte	ed an amou	nt on Form	1 990,	Part
1a		ne organization an agent uded on Form 990, Part									☐ Yes	□ N	lo
b	If "	Yes," explain the arrange	ement in Part XIII	and complete	the following	table:				Α	mount		_
С		inning balance		•	=				1c				_
d	Add	itions during the year .							1d				_
е	Dist	ributions during the year	r						1e				_
f	End	ing balance							1f				
2a	Did	the organization include	an amount on Fo	rm 990. Part X	(, line 21, for	escrov	or cus	stodial a	account li	ability?	☐ Yes	□ N	_ o
		es," explain the arrange											
	rt V	Endowment Fund		. eneck here ii	the explanae	1011 110.	, been	provide	a iii i aic	XIII			
		Complete if the or		vered "Yes" c				ne 10.					
_				(a) Current y	ear (b) F	Prior yea	ar ((c) Two y	ears back	(d) Three yea	ars back (e)	our yea	rs back
	_	nning of year balance .											
		ributions											
		nvestment earnings, gair	•										
		ts or scholarships											
е		r expenditures for facilition programs	es										
f	Admi	nistrative expenses .											
g	End o	of year balance											
2	Pro	vide the estimated perce	ntage of the curre	ent year end ba	alance (line 1	g, colu	mn (a)) held a	ıs:				
а		rd designated or quasi-e	**********										
b	Peri	manent endowment ►											
c	Ten	nporarily restricted endo	wment ►										
		percentages on lines 2a		•									
3а		there endowment funds anization by:	not in the posses	sion of the org	anization tha	t are h	eld and	d admin	istered fo	r the		Yes	No.
	-	unrelated organizations									3a(i)	res	No
		related organizations				•	•				3a(ii)		
b		related organizations . (es" on 3a(ii), are the re			uired on Sche	· · edule R	.? .	• •			3b		
4		cribe in Part XIII the inte	=	•									
Pai	rt VI	Land, Buildings,	and Equipme	ıt.									
		Complete if the or	"										
	Desc	ription of property	(a) Cost or oth (investme		o) Cost or other	basis (other)	(c) Acc	cumulated o	depreciation	(d) B	ook valu	е
1 a	Land					6	14,460						614,460
b	Build	ings				1,7	07,162			1,041,254			665,908
c	Lease	ehold improvements											
			—	-			22 210			221 662			

738,943

243,137

982,080

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category	(b)	(c) Meth	od of valuation:
	(including name of security)	Book value	Cost or end-o	f-year market value
(1) Financial (2) Closely-he	derivatives			
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•		
	Complete if the organization answered 'Yes' on Form 990, I	Part IV, li		
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year mark value
(1)			1	value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
•	(b) must equal Form 990, Part X, col.(B) line 13.)		•	
	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, lir	ne 11d. See Form 990, Pa	art X, line 15.
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 15.)			. •
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	Part IV	ne 11e or 11f Soc Eo	<u>'</u>
1.	(a) Description of liability	arc IV, III	TO THE OF THE SEE FUTT	(b) Book
(1) Federal in				value
(2) DEFERRED	COMPENSATION LIABILITY			122,724
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col.(B) line 25.) uncertain tax positions. In Part XIII, provide the text of the footnot	e to the o		• 122,724 ements that reports the orga
	positions under FIN 48 (ASC 740). Check here if the text of the foot			

2

b

е

3

4

1

2

C

d

3 4

Schedule D (Form 990) 2019

Page 4

0

15,925,544

Recoveries of prior year grants d Other (Describe in Part XIII.)

Donated services and use of facilities

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

2c 2d

2a

2b

2a

1,259 15,925,544

Pari	XII Reconciliation of Expenses per Audited Financial Statem	ents	Wit	h Ex	(per	ıses	per F	leturi	n.
5	Total revenue. Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12.)							5	
c	Add lines 4a and 4b							4c	
b	Other (Describe in Part XIII.)	4b							
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a							

Donated services and use of facilities . . .

Prior year adjustments

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Subtract line **2e** from line **1**

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements

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

4c 5

2e

3

1.259

16,322,862

2b 1.259 2c 2d 4b

2e 1,259 3 16,321,603 4c 5 16.321.603

Schedule D (Form 990) 2019

b Add lines **4a** and **4b** 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

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

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 63-1044781

Name: NATIONAL CHILDREN'S ALLIANCE INC

Supplemental Information

Return Reference

Explanation

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, 2020 AND 2019. THE ALLIANCE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDIC TIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ALLIANC E'S FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENU E SERVICE AND STATE TAX AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETUR NS 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)

Department of the

Treasury

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

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.

OMB No. 1545-0047

DLN: 93493091012291

Open to Public Inspection

ternal Revenue Service						_	
ame of the organization ATIONAL CHILDREN'S ALLIANC	F INC					Employer identif	ication number
						63-1044781	
		and Assistance					
 Does the organization mai the selection criteria used 	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ N
Describe in Part IV the org	•	_	_				
Part II Grants and Other that received more			i nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization 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
L) See Additional Data							
2)							
3)							
1)							
5)							
5)							
7)							
3)							
9)							
10)							
11)							
12)							
Enter total number of sect Enter total number of othe	. , . ,	-					187
or Paperwork Reduction Act Notice				Cat. No. 5005			chedule I (Form 990) 2019
zi rapeiwoik Keuucuoii ACL NOU	,	113 101 1 01111 330.		Cat. No. 3003.	/ I	30	/// COMIC I (U/ III 33U / 2UI3

Page **2**

Schedule I (Form 990) 2019

(1) (2)

(3)

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

Schedule I (Form 990) 2019

Return Reference

PART I, LINE 2:

Explanation

CONDUCTED TO ENSURE COMPLIANCE.

Part III

(4)

(5)

(6)

(7)

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

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

Part IV

Additional Data

710 THOMPSON AVE MCKEES ROCKS, PA 15136 A CHILD'S VOICE CHILD

ADVOCACY CENTER INC

216 BROOKSTONE PLACE SOCIAL CIRCLE, GA 30025

Software ID: Software Version:

75-3214817

EIN: 63-1044781

Name: NATIONAL CHILDREN'S ALLIANCE INC

15,276

Form 990,Schedule 1, Part	11, Grants and	Otner Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

organization or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)
A CHILD'S PLACE PA	25-1222792	501(C)(3)	38,081		

501(C)(3)

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

DTVF TRAINING

STIPEND

MEDICAL EQUIPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government ABC HOUSE 93-1163555 501(C)(3) 14.152 ICAC RESP TO PHYSICAL IABUSE

228 5TH AVENUE SW
ALBANY, OR 97321

ADAMS COUNTY CHILDREN'S 20-3372800 501(C)(3) 46,223

ADVOCACY CENTER INC

ABUSE

DTVF TRAINING

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

450 W MIDDLE STREET GETTYSBURG, PA 17325

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ADAMS COUNTY CHILDREN'S 20-3372800 501(C)(3) 13,523 IPROGRAM

SUITE 2000

MONTGOMERY, AL 36104

ADVOCACY CENTER INC 450 W MIDDLE STREET GETTYSBURG, PA 17325					IMPROVEMENT MH
ALABAMA NETWORK OF CAC'S INC 450 SOUTH UNION STREET	63-1048697	501(C)(3)	166,391		CH QIAA 3

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-2363035 501(C)(3) 22.604 CAC SERVICES ALLIANCE FOR CHILDREN 908 SOUTHLAND AVE MILITARY INSTALLATIONS 86-0953031 501(C)(3) 68.965 ICH OIAA 3

FORT WORTH, TX 76104 ARIZONA CHILD AND FAMILY ADVOCACY NETWORK

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

1310 S 3RD AVE YUMA ARIZONA 85364 YUMA, AR 85364

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

TRIBAL EXPANSION OF

SOUTH DAKOTA CHILD ASSESSMENT CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501	10 0250255	202(0)(0)	22,0 .0		CAC SERVICES
BALTIMORE CHILD ABUSE	52-1681279	501(C)(3)	10,988		VICTIM ADVOCACY

11.646

CENTER ISERVICES 2300 N CHARLES ST STE 400 IMPROVEMENT

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

501(C)(3)

AVERA ST MARY'S CENTRAL

BALTIMORE, MD 21218

46-0230199

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1681279 501(C)(3) 5.000 FINGERPRINTING BALTIMORE CHILD ABUSE CENTER STIPEND 2300 N CHARLES ST STE 400

DTVF TRAINING

BALTIMORE, MD 21218 BALTIMORE COUNTY CHILD 52-6000889 501(C)(3) 20.653 ADVOCACY CENTER

6401 YORK ROAD BALTIMORE, MD 21212

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 26-0028918 501(C)(3) 55.117 DTVF SERVICE BATON ROUGE CHILDREN'S ADVOCACY CENTER PROVISION

626 FAST BLVD BATON ROUGE, LA 70802 BERRIEN COUNTY COUNCIL 38-2265793 501(C)(3) 8.093

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

ST JOSEPH, MI 49085

IMEDICAL EQUIPMENT FOR CHILDREN STIPEND 4938 NILES ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BLANK CHILDREN'S HOSPITAL-42-1467682 501(C)(3) 19,440 MEDICAL EQUIPMENT

INSTALLATIONS

DES MOINES, IA 50309				
1200 PLEASANT STREET				
CENTER (RCPC)				
REGIONAL CHILD PROTECTION				STIPEND

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

BELLINGHAM, WA 98225

27-3145131 ICAC SERVICES BRIGID COLLINS HOUSE 501(C)(3) 23,725 1231 N GARDEN ST 200 **IMILITARY**

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-3121951 501(C)(3) 14.386 BRIGID COLLINS HOUSE ICAC RESP TO PHYSICAL 1231 N GARDEN ST 200 IABUSE

DTVF SERVICE

| PROVISION

53.086

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

501(C)(3)

BELLINGHAM, WA 98225

CAC FOR DENTON COUNTY
INC
1854 CAIN DRIVE

LEWISVILLE, TX 75077

75-2559765

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 73-1566086 501(C)(3) 162.029 CH QIAA 2 CACS OF OKLAHOMA INC. 706 E 3RD ST

ICH OIAA 3

149,996

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

501(C)(3)

BARTLESVILLE, OK 74003
CACS OF WISCONSIN

1322 WALDORF BLVD APT 110 MADISON, WI 53719 39-2004933

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 94-3256781 501(C)(3) 234.668 CH QIAA 2 CALICO- CHILD ADVOCACY CENTERS OF CALIFORNIA

524 ESTUDILLO AVE SAN LEANDRO, CA 94577 CAVERN CITY CHILD 47-3442188 501(C)(3) 14.708 PROGRAM ADVOCACY CENTER IMPROVEMENT MH

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

1313 W MERMOD CARLSBAD, NM 88220

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 74-2562585 501(C)(3) 9,403 DTVF TRAINING CENTER FOR CHILD

PROTECTION 8509 FM 969 BLDG 2 AUSTIN, TX 78724					
CHILD ABUSE COUNCIL MISSISSIPPI VALLEY CHILD	36-2937848	501(C)(3)	16,489		MEDICAL EQUIPMENT STIPEND

PROTECTION CENTER 1600 MULBERRY AVE

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

MUSCATINE, IA 52761

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 73-1325326 501(C)(3) 5.043 CHILD ABUSE NETWORK INC IMEDICAL EQUIPMENT 2829 S SHERIDAN RD ISTIPEND

TULSA, OK 74129 CHILD ADVOCACY CENTER OF 16-0978035 501(C)(3) 10.000 MEDICAL EQUIPMENT CAYUGA COUNTY ISTIPEND

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

17 E GENESEE ST

AUBURN, NY 13021

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 46-0227855 501(C)(3) 51,266 CH QIAA 4 CHILD ADVOCACY CENTERS OF COUTU DAYOTA (CACCO)

1305 W 18TH STREET ROUTING 6361 SIOUX FALLS, SD 57117					
CHILD ADVOCACY CENTERS	20-5898131	501(C)(3)	67,123		CH QIAA

CASPER, WY 82601

4A 4 OF WYOMING 350 N ASH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-3006132 501(C)(3) 13.723 CHILD ADVOCACY PROGRAM VICTIM ADVOCACY OF CHAUTAUQUA COUNTY SERVICES 405 W THIRD STREET ITMPROVEMENT

405 W THIRD STREET
JAMESTOWN, NY 14701

CHILDHAVEN CHILDREN'S 85-0206752 501(C)(3) 24,509

DTVF SERVICE
ADVOCACY CENTER

DTVF SERVICE
PROVISION

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

406 AIRPORT

FARMINGTON, NM 87401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 84-1241767 501(C)(3) 12,811 CAC SERVICES CHILDREN'S ADVOCACY **IMILITARY** CENTER FOR PIKES PEAK

CENTER OF BENTON COUNTY

2113 LITTLE FLOCK DRIVE LITTLE FLOCK, AK 72756

REGION INC - DBA SAFE PASSAGE 423 S CASCADE AVE COLORADO SPRINGS, CO 80903					INSTALLATIONS
CHILDREN'S ADVOCACY	26-0158723	501(C)(3)	6,366		PROGRAM

DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 59-2432318 501(C)(3) 53,961 DTVF TRAINING CHILDREN'S ADVOCACY CENTER OF BREVARD 1100 ROCKLEDGE BLVD SUITE

200 ROCKLEDGE, FL 32955					
CHILDREN'S ADVOCACY CENTER OF BREVARD 1100 ROCKLEDGE BLVD SUITE	59-2432318	501(C)(3)	35,066		PROGRAM IMPROVEMENT MH

200

ROCKLEDGE, FL 32955

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 36-2360012 501(C)(3) 8.366 CHILDREN'S ADVOCACY |MEDICAL EQUIPMENT CENTER OF DEKALB COLINTY STIDEND

21451 SUGAR HOLLOW ROAD BRISTOL, VA 24202

1325 SYCAMORE RD DEKALB, IL 60115					3111 2110
CHILDREN'S ADVOCACY CENTER OF HIGHLANDS COMMUNITY SERVICES	54-0979632	501(C)(3)	24,197		PROGRAM DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 25-1581304 501(C)(3) 5,190 |MEDICAL EQUIPMENT CHILDREN'S ADVOCACY CENTER OF LAWRENCE STIPEND

COUNTY 2010 WEST STATE STREET NEW CASTLE, PA 16101					
CHILDREN'S ADVOCACY CENTER OF NORTHEASTERN	23-2972024	501(C)(3)	10,064		VICTIM /

SCRANTON, PA 18510

M ADVOCACY CES IMPROVEMENT PENNSYLVANIA 1710 MULBERRY STREET

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) CHILDREN'S ADVOCACY 91-1352172 501(0)(3) 54 455 LCAC SERVICES

CENTER OF PIERCE COUNTY 1112 S 5TH STREET MS 11112-1-CA TACOMA, WA 98405	91-1332172	301(0)(3)	34,433		MILITARY INSTALLATIONS
CHILDBENIS ADVOCACY	04 2272200	E01(C)(2)	15.044		DTVE TRAINING

BOSTON, MA 02215

CHILDREN 2 ADVOCACY 04-32/3300 201(C)(3) 15,044 IDIAL IKATIMING CENTER OF SUFFOLK COUNTY 989 COMMONWEALTH AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 38-2480726 501(C)(3) 11.190 CHILDREN'S ADVOCACY MEDICAL EQUIPMENT CENTER-CAN COUNCIL GREAT ISTIPEND LAKES BAY REGION SAGINAW 1311 N MICHIGAN

SAGINAW, MI 48602 501(C)(3) CHILDREN'S ADVOCACY 56-2417905 131,214 CENTERS OF ARKANSAS

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

CH QIAA 3 124 WEST CAPITOL AVE SUITE 865 LITTLE ROCK, AK 72201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) CHILDREN'S ADVOCACY 51-0372506 501(0)(3) 75 169 ICH OTAA 4

CENTERS OF GEORGIA 127 CHURCH STREET STE 250 MARIETTA, GA 30060

CENTERS OF DELAWARE INC 611 S DUPONT HIGHWAY SUITE 201 DOVER, DE 19901	31 03/2300	301(0)(3)	,3,103		CII QIAA T
CHILDREN'S ADVOCACY	31-1486065	501(C)(3)	323,127		CH QIAA 1

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 36-4254553 501(C)(3) 373.604 CH QIAA 1 CHILDREN'S ADVOCACY CENTERS OF ILLINOIS 400 S 9TH ST SUITE 203 SPRINGFIELD. IL 62701

CH QIAA 2

CHILDREN'S ADVOCACY 20-8497489 501(C)(3) 152.304 CENTERS OF KANSAS

1211 S EMPORIA AVE WICHITA, KS 67211

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 61-1395277 501(C)(3) 70.000 CH QIAA 3 CHILDREN'S ADVOCACY

CENTERS OF MICHIGAN 2855 44TH ST STE 140 GRANDVILLE, MI 49418

CHILDREN'S ADVOCACY	06-1821695	501(C)(3)	284,940		CH QIAA 1
CENTERS OF KENTUCKY 200 WEST VINE STREET SUITE 605 LEXINGTON, KY 40507					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 27-2541336 501(C)(3) 124,292 CH QIAA 3 CHILDREN'S ADVOCACY

1675 LAKELAND DRIVE SUITE 402 JACKSON, MS 39216					
CHILDREN'S ADVOCACY	88-0351314	501(C)(3)	38,150		CH QIA

RENO, NV 89501

[AA 4 CENTERS OF NEVADA 1 SOUTH SIERRA STREET

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 88-0351314 501(C)(3) 22,100 CH CASE TRACKING CHILDREN'S ADVOCACY

1 SOUTH SIERRA STREET RENO, NV 89501					IMPROVEMENTS
CHILDREN'S ADVOCACY CENTERS OF NORTH	56-2047227	501(C)(3)	260,114		CH QIAA 1

112 S MARSHALL STREET GRAHAM, NC 27253

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) CHILDREN'S ADVOCACY 81-4096679 501(C)(3) 50,035 CH QIAA 4

CENTERS OF NORTH DAKOTA 1303 EAST CENTRAL AVE BISMARCK, ND 58501					
CHILDREN'S ADVOCACY CENTERS OF TENNESSEE 4711 TROUSDALE DRIVE	62-1679668	501(C)(3)	215,238		CH QIAA 1

SUITE 124

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

NASHVILLE, TN 37220

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CHILDREN'S ADVOCACY 75-2581804 501(0)(3) 313 0001 ICH OTAA 1

CENTERS OF VIRGINIA PO BOX 4651 ROANOKE, VA 24011

CENTERS OF TEXAS INC 1501 W ANDERSON LANE BLDG B1 AUSTIN, TX 78757	73-2301004	301(0)(3)	313,000		CII QIAA I
CHILDREN'S ADVOCACY	20-0617657	501(C)(3)	108,670		CH QIAA 3

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-0617657 501(C)(3) 63.973 CH CASE TRACKING CHILDREN'S ADVOCACY CENTERS OF VIRGINIA ISYSTEM IMPROVEMENTS

PO BOX 4651 ROANOKE, VA 24011 20-8597550 501(C)(3) 151.146 CH QIAA 2 CHILDREN'S ADVOCACY CENTERS OF WASHINGTON

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

3020 WILLAMETTE DRIVE NE

LACEY, WA 98516

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-8597550 501(C)(3) 89.576 CHILDREN'S ADVOCACY ICHAPTER SERVICES CENTERS OF WASHINGTON MILITARY 3020 WILLAMETTE DRIVE NE INSTALLATIONS LACEY, WA 98516

CH QIAA 3

104.000

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

501(C)(3)

CHILDREN'S ALLIANCE OF

MONTANA PO BOX 666 BILLINGS, MT 59103 27-3728431

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1740718 501(C)(3) 14,881 MEDICAL EQUIPMENT CHILDREN'S CENTER OF SOUTHWEST MISSOURI -ISTIPEND DUTUED

413 WEST HOWARD PO BOX 623 BUTLER, MO 64730					
CHILDREN'S CENTER OF SOUTHWEST MISSOURI-	43-1740718	501(C)(3)	14,881		MEDICAL EQUIPMENT STIPEND

NEVADA 324 MAC BOULEVARD

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

NEVADA, MO 64772

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 54-0506321 501(C)(3) 54.073 DTVF SERVICE CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD PROVISION ABUSE PROGRAM

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS CO CHILD ABUSE PROGRAM

CAC SERVICES
MILITARY
ABUSE PROGRAM

CAC SERVICES
MILITARY
INSTALLATIONS

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

601 CHILDRENS LANE NORFOLK, VA 23507

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) CHILDREN'S JUSTICE CENTER 27-3663109 501(C)(3) 25.039 CAC SERVICES

OF OAHU 3019 PALI HIGHWAY HONOLULU, HI 96817					MILITARY INSTALLATIONS
CHILDREN'S TRUST CHILDREN'S ADVOCACY	51-0235891	501(C)(3)	30,437		DTVF TRAINING

CENTER ROANOKE 541 LUCK AVENUE SUITE 308 ROANOKE, VA 24016

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CUIT DREN'C TRUCT E1 022E001 E01(C)(2) 0.420 I DD C C D A M

SIERRA VISTA, AZ 85635

CHILDREN'S ADVOCACY CENTER ROANOKE 541 LUCK AVENUE SUITE 308 ROANOKE, VA 24016	21-0532931	501(C)(3)	9,420		IMPROVEMENT MH
COCHISE FAMILY ADVOCACY	47-3408612	501(C)(3)	9 400		MEDICAL FOUIPMENT

201(C)(2) 9,400 MEDICAL EQUIPMENT CENTER STIPEND 214 E TACOMA STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 84-1480528 501(C)(3) 156.000 CH QIAA 3 COLORADO CHILDREN'S ALLIANCE 1177 GRANT STREET 308 DENVER.CO 80203

INSTALLATIONS

ALLIANCE
1177 GRANT STREET 308
DENVER, CO 80203

COLORADO CHILDREN'S 84-1480528 501(C)(3) 69,735
ALLIANCE
MILITARY

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

1177 GRANT STREET 308

DENVER, CO 80203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 41-1640731 501(C)(3) 38.915 CORNERHOUSE ICAC SERVICES 2502 10TH AVE S **IMILITARY** INSTALLATIONS

MEDICAL EQUIPMENT

ISTIPEND

7.000

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

501(C)(3)

MINNEAPOLIS, MN 55404

DAKOTA CHILDREN'S
ADVOCACY CENTER
1303 EAST CENTRAL AVE

BISMARCK, ND 58501

81-4096679

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-4096679 501(C)(3) 6.811 DAKOTA CHILDREN'S ICAC RESP TO PHYSICAL ADVOCACY CENTER IABUSE

1303 FAST CENTRAL AVE BISMARCK, ND 58501 81-4096679 501(C)(3) 5.074 PROGRAM DAKOTA CHILDREN'S

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

BISMARCK, ND 58501

ADVOCACY CENTER DEVELOPMENT 1303 FAST CENTRAL AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-0627714 501(C)(3) 13.756 CAC SERVICES DAWSON PLACE CHILD ADVOCACY CENTER MILITARY INSTALLATIONS 1509 CALIFORNIA STREET

CH QIAA 4

62.123

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

501(C)(3)

EVERETT, WA 98201

DAY ONE - RI CHAPTER OF CACS

100 MEDWAY STREET PROVIDENCE, RI 02906 05-0385696

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) DAY ONE - RI CHAPTER OF 05-0385696 501(C)(3) 35.307 DTVF SERVICE CACS PROVISION 100 MEDWAY STREET PROVIDENCE, RI 02906 84-1155873 501(C)(3) 58.180 DTVF SERVICE

PROVISION

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

DENVER CHILDREN'S ADVOCACY CENTER

2149 FEDERAL BLVD DENVER, CO 80204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 57-1078099 501(C)(3) 60.970 DTVF SERVICE DORCHESTER CHILDREN'S ADVOCACY CENTER PROVISION 303 FAST RICHARDSON AVE SUMMERVILLE, SC 29483

DURANT CHILDREN'S CENTER 57-0830844 501(C)(3) 14.418

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

FLORENCE, SC 29501

CAC SERVICES - FLORENCE MILITARY 220 SOUTH TRBY STREET INSTALLATIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 56-1240921 501(C)(3) 6.652 EMMYS HOUSE CHILDRENS MEDICAL EQUIPMENT ADVOCACY CENTER STIPEND 235 F ACADEMY ST DTVF TRAINING

ASHEBORO, NC 27203 FAMILY AND CHILDREN'S 61-0549561 501(C)(3) 17.904 PLACE

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

1000 SOUTH 5TH STREET LOUISVILLE, KY 40203

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) FAMILY CRISIS CHILD 48-9395059 501(C)(3) 8.097 DTVF TRAINING ADVOCACY CENTER 1924 BROADWAY AVE 59-3496460 501(C)(3) 151.653 CH OIAA 2

GREAT BEND, KS 67530 FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS INC. 565 E TENNESSEE STREET 2ND FLOOR

TALLAHASSEE, FL 32308

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) GEORGIA CENTER FOR CHILD 58-1762069 501(C)(3) 24.839 ICAC RESP TO CHILDREN

ADVOCACY - FULTON COUNTY WITH SBP 1458-B WOODLAND AVE ATLANTA. GA 30316 GRATIOT COUNTY CHILD 38-2179785 501(C)(3) 12.046

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

ALMA, MI 48801

IMEDICAL EQUIPMENT ADVOCACY ASSOCIATION STIPEND 525 N STATE ST SUITE 4

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 14-1604339 501(C)(3) 9.210 PROGRAM HARRIET M WEST CAC-THE SARATOGA CENTER FOR THE IMPROVEMENT MH FAMILY 359 BALLSTON AVENUE

ICH OIAA 4

73.042

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

501(C)(3)

SARATOGA SPRINGS, NY

3019 PALI HIGHWAY HONOLULU, HI 96817

HAWAII STATE CHAPTER OF

CHILDREN'S JUSTICE CENTERS

46-2365359

12866

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 58-1686152 501(C)(3) 45.709 CAC SERVICES HELEN'S HAVEN CHILDREN'S ADVOCACY CENTER **IMILITARY**

STIPEND

214 FRASER DR INSTALLATIONS HINESVILLE, GA 31310 57-1063332 501(C)(3) 8.737 IMEDICAL EQUIPMENT

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

HOPEFUL HORIZONS 1212 CHARLES STREET BEAUFORT, SC 29902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) IDAHO NETWORK OF 82-0396300 501(C)(3) 85,506 CH QIAA 4 CHILDREN'S ADVOCACY

SOUTH BEND, IN 46617

417 S 6TH STREET BOISE, ID 83702					
INDIANA CHAPTER OF NATIONAL CHILDREN'S ALLIANCE THE CASIE CENTER 533 N NILES AVENUE AVENUE	26-2269042	501(C)(3)	111,564		CH QIAA 3

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) IOWA CHAPTER OF 27-0473272 501(C)(3) 96,245 CH QIAA 3

MILITARY

INSTALLATIONS

KIDS' HARBOR TOO	43-1927828	501(C)(3)	29,349		CAC SERVICES
CHILDREN'S ADVOCACY CENTERS PO BOX 636 ANKENY, IA 50021					

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

181 EASTLAWN AVENUE 1-B

ST ROBERT, MO 65584

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) KINDRED KIDS CHILD 74-2186994 501(C)(3) 15.962 PROGRAM EXPANSION

ADVOCACY CENTER 1145 S OHIO SUITE A CANON CITY, CO 81212		, , , ,			
KLAMATH-LAKE CARES 2421 WASHBURN WAY SUITE	93-0508781	501(C)(3)	15,499		MEDICAL EQUIPMENT

FLAMATH FALLS, OR 97603

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) LINCOLNLANCASTER COUNTY 47-0793765 501(C)(3) 22,855 DTVF TRAINING

CHILD ADVOCACY CENTER INC 5025 GARLAND STREET LINCOLN, NE 68504					
LOUISIANA ALLIANCE OF CHILDREN'S ADVOCACY	81-3869783	501(C)(3)	114,885		CH QIAA 3

CENTERS 900 CAMP ST SUITE 347 NEW ORLEANS, LA 70130

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) MATNE NETWORK OF 01-0420222 E01/C)/3) 46 430

MANATEE CUIT DDENIG	F0 1771010	===(=)(=)			
CENTERS 45 MEMORIAL CIRCLE SUITE 302 AUGUSTA, ME 04330					
CHILDREN'S ADVOCACY	01-0420232	301(0)(3)	40,430		CIT QIAA 4

MANATEE CHILDREN'S 59-1771210 501(C)(3) 21.861 ICAC RESP TO PHYSICAL SERVICES IABUSE

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

1227 9TH AVE W BRADENTON, FL 34205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MARYLAND CHILDREN'S 42-1602584 501(C)(3) 86.364 CH QIAA 2 ALLIANCE 2300 N CHARLES ST STE 220 BALTIMORE, MD 21218

CH QIAA 3

28.000l

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

501(C)(3)

MARYLAND CHILDREN'S

2300 N CHARLES ST STE 220 BALTIMORE, MD 21218

ALLIANCE

42-1602584

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MASSACHUSETTS CHILDREN'S 34-2006038 501(C)(3) 75.090 CH QIAA 3

ALLIANCE 11 BEACON STREET SUITE 321 BOSTON, MA 02108

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

BOSTON, MA 02108

MASSACHUSETTS CHILDREN'S 34-2006038 501(C)(3) 23.926 ICH MENTAL HEALTH ALLIANCE SERVICES 11 BEACON STREET SUITE 321

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-0672132 501(C)(3) 18,068 DTVF TRAINING MICHAEL'S HOUSE

1016 RAINBOW COURT FAIRBORN, OH 45324					
MINNESOTA CHILDREN'S ALLIANCE 2301 WOODBRIDGE ST 200	26-3318481	501(C)(3)	98,000		CH CASE TRACKING SYSTEM IMPROVEMENTS

ROSEVILLE, MN 55113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 26-3318481 501(C)(3) 94.000 CH QIAA 3 MINNESOTA CHILDREN'S ALLIANCE

2301 WOODBRIDGE ST 200
ROSEVILLE, MN 55113

MINNESOTA CHILDREN'S 26-3318481 501(C)(3) 26,613

ALLIANCE SERVICES

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

2301 WOODBRIDGE ST 200 ROSEVILLE, MN 55113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 27-0124899 501(C)(3) 176.970 CH QIAA 2 MISSOURI KIDSFIRST 520 DIX ROAD SUITE C JEFFERSON CITY, MO 65109 NEBRASKA ALLIANCE OF 47-4088844 501(C)(3) 100.000 CH QIAA 3

CHILD ADVOCACY CENTERS

11949 Q STREET OMAHA, NE 68137

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) NEBRASKA ALLIANCE OF 47-4088844 501(C)(3) 43.308 CHAPTER SERVICES

SUITE 600 ISELIN, NJ 08830

CHILD ADVOCACY CENTERS 11949 Q STREET OMAHA, NE 68137		(-)(-)			MILITARY INSTALLATIONS
NEW JERSEY CHILDREN'S ALLIANCE 33 WOOD AVENUE SOUTH	41-2255586	501(C)(3)	108,000		CH QIAA 3

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) NEW MEYICO CHILDDENIC QE-02247Q7 E01(C)(3) 70 007

MANLIUS, NY 13104

ALBUQUERQUE, NM 87111		1		
ALLIANCE 3909 JUAN TABO BLVD NE SUITE 6	301(C)(3)	70,007		CIT QIAA 4

NEW YORK STATE CHILDREN'S 2/-3/05/49 201(C)(3) 250,38/ ICH QIAA I ALLIANCE INC 216 FAYETTE STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 88-0351314 501(C)(3) 18.377 NYE COUNTY CHILDREN'S PROGRAM EXPANSION ADVOCACY CENTER

621 S BLAGG PAHRUMP, NV 89048 OHIO NETWORK OF 01-0688897 501(C)(3) 215.309 CHILDREN'S ADVOCACY CENTERS 90 NORTHWOODS BLVD STE

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

CH OIAA 2 420 COLUMBUS, OH 43235

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 15-6000464 501(C)(3) 31.123 DTVF SERVICE OTSEGO COUNTY CHILD ADVOCACY CENTER PROVISION 140 COUNTY HIGHWAY 33 W

COOPERSTOWN, NY 13326 PARTNERS WITH FAMILIES & 68-0576560 501(C)(3) 82.726 DTVF SERVICE

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

CHILDREN SPOKANE PROVISION 1321 W BROADWAY SPOKANE, WA 99201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 68-0576560 501(C)(3) 36.957 DTVF TRAINING PARTNERS WITH FAMILIES & CHILDREN SPOKANE

1321 W BROADWAY SPOKANE, WA 99201 PARTNERS WITH FAMILIES & 68-0576560 501(C)(3) 24.799

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

SPOKANE, WA 99201

CAC SERVICES CHILDREN SPOKANE MILITARY 1321 W BROADWAY INSTALLATIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 20-8387293 501(C)(3) 142,081 CH QIAA 2 PENNSYLVANIA CHAPTER OF CHILDREN'S ADVOCACY CENTERS AND

AVENUE

PHILADELPHIA, PA 19124

MULTIDISCIPLINARY T 626 JAMES ST ERIE, PA 16509					
PHILADELPHIA CHILDREN'S ALLIANCE 300 EAST HUNTING PARK	23-2526605	501(C)(3)	20,513		DTVF TRAINING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 23-2526605 501(C)(3) 13.100 PROGRAM PHILADELPHIA CHILDREN'S ALLIANCE IMPROVEMENT MH 300 EAST HUNTING PARK AVENUE PHILADELPHIA, PA 19124

MEDICAL EQUIPMENT

STIPEND

9,935

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

501(C)(3)

23-2526605

PHILADELPHIA, PA 19124
PHILADELPHIA CHILDREN'S
ALLIANCE
300 EAST HUNTING PARK

PHILADELPHIA, PA 19124

AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) PLACER MULTI-DISCIPLINARY 94-6000527 501(C)(3) 14,277 DTVF TRAINING INTERVIEW CENTER (PLACER

PROVISION

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

11949 O STREET

OMAHA, NE 68137

47-0789054 501(C)(3) 96,641 DTVF SERVICE PROJECT HARMONY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 47-0789054 501(C)(3) 52.725 CAC SERVICES

PROJECT HARMONY 11949 Q STREET MILITARY OMAHA, NE 68137

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

11949 Q STREET OMAHA, NE 68137

INSTALLATIONS PROJECT HARMONY 47-0789054 501(C)(3) 24.221 DTVF TRAINING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government IM ADVOCACY

IMPROVEMENT MH

PROJECT HARMONY	47-0789054	501(C)(3)	22,168		VICTIM
11949 Q STREET			·		SERVI
OMAHA, NE 68137					IMPRO

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

11949 Q STREET OMAHA, NE 68137

/ICES OVEMENT PROJECT HARMONY 47-0789054 501(C)(3) 7.604 PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-0789054 501(C)(3) 5.000 FINGERPRINTING PROJECT HARMONY 11949 Q STREET STIPEND OMAHA. NE 68137 RAINBOW CONNECTION CHILD 58-1836963 501(C)(3) 18.499 IMEDICAL EQUIPMENT ADVOCACY AND ASSESSMENT ISTIPEND

CENTER

879 BATTLE CREEK ROAD JONESBORO, GA 30236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-6014870 501(C)(3) 13.794 PROGRAM RED RIVER CHILDREN'S IMPROVEMENT MH

ICAC RESP TO CHILDREN

WITH SBP

5.218

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

501(C)(3)

ADVOCACY CENTER 100 S 4TH ST 302 FARGO, ND 58103

45-6014870

RED RIVER CHILDREN'S

ADVOCACY CENTER

100 S 4TH ST 302 FARGO, ND 58103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) ROCK ISLAND COUNTY 31-1612180 501(C)(3) 19.804 DTVF TRAINING

COMMUNITY ACTION 956 SOUTH MAIN ST

COLVILLE, WA 99114

CHILDREN'S ADVOCACY CENTER 734 20TH STREET ROCK ISLAND, IL 61201		===(=)(=)			
RURAL RESOURCES	91-0793447	501(C)(3)	27,648		CAC SERVICES

INSTALLATIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) EO 33E3644 E04(0)(3) c =00 INTERTORIE EQUITORATER

ADVOCACY CENTER INC 67 DOWNING DRIVE PHENIX CITY, AL 36869	58-2352811	501(C)(3)	6,500		STIPEND
SAFE CHILD CENTER AT FLAGSTAFF MEDICAL CENTER	86-0110232	501(C)(3)	18,020		MEDICAL EQUIPMENT STIPEND

1215 NORTH BEAVER STREET FLAGSTAFF, AZ 86001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-3408131 501(C)(3) 47.036 DTVF SERVICE SAFE HARBOR CAC INC 1109 OAK CLUSTER DRIVE PROVISION SEVIERVILLE, TN 37862 DTVF SERVICE

SEVIERVILLE, TN 37862

SAFE HARBOR CHILD
ADVOCACY CENTER
305 HANSON AVENUE SUITE
180

SEVIERVILLE, TN 37862

DTVF SERVI
PROVISION

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

FREDERICKSBURG, VA 22404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) SAFE SHORES - THE DC 52-1888617 501(C)(3) 8,324 CAC RESP DC AND US CHILDREN'S ADVOCACY TERR

CENTER 429 O ST NW WASHINGTON, DC 20001					
SAFEPATH CHILDREN'S ADVOCACY CENTER INC	58-1662987	501(C)(3)	47,162		DTVF SE PROVISI

MARIETTA, GA 30064

SERVICE SION 736 WHITLOCK AVENUE SUITE 600

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) SAFESPOT CHILDREN'S 46-1358388 501(C)(3) 37.561 PROGRAM

HOUSE

22747 HIGHWAY 25 COLUMBIANA, AL 35051

ADVOCACY CENTER OF					IMPROVEMENT MH
FAIRFAX					
PO BOX 148					
FAIRFAX, VA 22038					
SHELBY CAC INC OWENS	63-1096608	501(C)(3)	26,690		DTVF TRAINING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 94-3121951 501(C)(3) 6.987 SKAGIT COUNTY CHILDREN'S ICAC RESP TO PHYSICAL ADVOCACY CENTER IABUSE 917 S 3RD ST

MOUNT VERNON, WA 98273

SOUTH CAROLINA NETWORK OF CHILDREN'S ADVOCACY CENTERS
1300 PICKENS STREET SUITE

CHAPTER SUITE

SOUTH CAROLINA NETWORK OF CHILDREN'S ADVOCACY CENTERS
CHAPTER SUITE

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

158

COLUMBIA, SC 29208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 64-0303085 501(C)(3) 16,802 DTVF TRAINING SOUTH MISSISSIPPI CHILDREN'S ADVOCACY CENTER 2315 17TH STREET

2315 17TH STREET
GULFPORT, MS 39501

SOUTHERN ARIZONA
CHILDREN'S ADVOCACY
CENTER

CHILDREN'S ADVOCACY
CENTER

CHILDREN'S ADVOCACY
CENTER

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

2329 E AJO WAY TUCSON, AZ 85713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 26-3208123 501(C)(3) 17.293 MEDICAL EQUIPMENT SOUTHERN ARIZONA

CHILDREN'S ADVOCACY CENTER 2329 E AJO WAY TUCSON, AZ 85713					STIPEND
SOUTHERN TIER CHILD ADVOCACY CENTER	16-6002554	501(C)(3)	5,926		TRIBAL EXPANSION OF

772 MAIN STREET OLEAN, NY 14760

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 01-0319802 501(C)(3) 48.974 DTVF SERVICE SPURWINK CUMBERLAND COUNTY CHILDREN'S PROVISION ADVOCACY CENTER 778 MAIN STREET

ADVOCACY CENTER
778 MAIN STREET
SOUTH PORTLAND, ME 04102

SPURWINK CUMBERLAND
COUNTY CHILDREN'S
ADVOCACY CENTER

MEDICAL EQUIPMENT
STIPEND

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

778 MAIN STREET

SOUTH PORTLAND, ME 04102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) STEPPING STONES CAC 48-1061447 501(C)(3) 30,196 CAC SERVICES

2505 ANDERSON AVE SUITE 104 MANHATTAN, KS 66502					MILITARY INSTALLATIONS
SUPPORT ADVOCACY AND RESOURCE CENTER (SARC)	91-1178405	501(C)(3)	47,162		DTVF TRAINING

KIDS HAVEN 1458 FOWLER STREET

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

RICHLAND, WA 99352

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) SUPPORT ADVOCACY AND 91-1178405 501(C)(3) 17,349 DTVF SERVICE RESOURCE CENTER (SARC) | PROVISION

500

AVON, IN 46123

KIDS HAVEN 1458 FOWLER STREET RICHLAND, WA 99352					
SUSIE'S PLACE - THE HENDRICKS COUNTY CHILD ADVOCACY CENTER 7519 BEECHWOOD CENTER ROAD SUITE	26-2132955	501(C)(3)	14,604		PROGRAM DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 43-0970674 501(C)(3) 11,275 PROGRAM SYNERGY SERVICES CHILDDENIC ADVOCACY IMPROVEMENT MH

CENTER 400 E SIXTH STREET PARKVILLE, MO 64152					IMPROVEM
THE ALASKA CHILDREN'S	20-0798040	501(C)(3)	102,546		CH QIAA 3

ANCHORAGE, AK 99517

ALLIANCE 2314 FORAKER DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 56-2098739 501(C)(3) 13.972 PROGRAM IDEVELOPMENT

THE CAROUSEL CENTER INC. 1501 DOCK STREET WILMINGTON, NC 28401

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

WENTZVILLE, MO 63385

THE CHILD CENTER INC. 43-1856223 501(C)(3) 26.587 DTVF SERVICE 989 HERITAGE PARKWAY I PROVISION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 58-2301976 501(C)(3) 13.695 MEDICAL EQUIPMENT THE CHILDREN'S ADVOCACY CENTER OF LOWNDES COUNTY ISTIPEND

INC 3325 SKIPPER BRIDGE ROAD VALDOSTA, GA 31605					
THE CHILDREN'S LISTENING PLACE	46-2095395	501(C)(3)	21,523		DTVF TRAINING

200 STAR AVE STE 212 PARKERSBURG, WV 26104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-0182554 501(C)(3) 89.815 CH QIAA 3 THE CONNECTICUT CHILDREN'S ALLIANCE 157 CHARTER OAK AVENUE

HARTFORD, CT 06106

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

HARTFORD, CT 06106

THE CONNECTICUT 27-0182554 501(C)(3) 81.000 CH CASE TRACKING CHILDREN'S ALLIANCE SYSTEM 157 CHARTER OAK AVENUE IMPROVEMENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) THE DEE NORTON 57-0905724 501(C)(3) 39,847 CAC SERVICES LOWCOUNTRY CHILDREN'S MILITARY LATIONS

CENTER INC 1061 KING STREET CHARLESTON, SC 29403					INSTALLA
THE DEE NORTON LOWCOUNTRY CHILDREN'S	57-0905724	501(C)(3)	8,282		CAC RESP

CHARLESTON, SC 29403

SP TO CHILDREN CENTER INC 1061 KING STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 57-0905724 501(C)(3) 6.404 THE DEE NORTON ICAC RESP TO PHYSICAL LOWCOUNTRY CHILDREN'S IABUSE CENTER INC

1061 KING STREET
CHARLESTON, SC 29403

THE GRANITE STATE 74-3186259 501(C)(3) 78,286

CHILDREN'S ALLIANCE
72 SOUTH RIVER ROAD SUITE

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

202

BEDFORD, NH 03110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-1726273 501(C)(3) 18.779 THE HOWARD PHILLIPS ICAC RESP TO CHILDREN CENTER CHILDREN'S WITH SBP ADVOCACY CENTER

601 W MICHIGAN STREET ORLANDO, FL 32805 501(C)(3) 18,629 THE HOWARD PHILLIPS 59-1726273 PROGRAM CENTER CHILDREN'S IMPROVEMENT MH

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

ADVOCACY CENTER 601 W MICHIGAN STREET

ORLANDO, FL 32805

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-1726273 501(C)(3) 5,512 THE HOWARD PHILLIPS ICAC RESP TO PHYSICAL CENTER CHILDREN'S IABUSE ADVOCACY CENTER 601 W MICHIGAN STREET

ORLANDO, FL 32805 501(C)(3) 112,865 CH QIAA 3 THE OREGON NETWORK OF 93-1293021 CHILD ABUSE INTERVENTION

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

PORTLAND, OR 97213

CENTERS 1827 NE 44TH AVE SUITE 220

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

501(C)(3)

73-1546193

THE SAVILLE CENTER INC.

STILLWATER, OK 29483

1523 W 9TH AVE

THE RUTH E HANDLEY	65-0444941	501(C)(3)	9,840		PROGRAM
CHILDRENS ADVOCACY					IMPROVEMENT MH
CENTER OF HIGHLANDS					
COUNTY					
1968 SEBRING PARKWAY					
SEBRING, FL 33870					

MEDICAL EQUIPMENT

ISTIPEND

8.614

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

I DD CCD A M

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

E01(C)(3)

(c) IRC section

(b) EIN

91-4260650

(a) Name and address of

THE TREE HOLICE CHILD

ROCKVILLE, MD 20855

ADVOCACY CENTER OF MONTGOMERY COUNTY MARYLAND 7300 CALHOUN PLACE SUITE 700 ROCKVILLE, MD 20855	61-4269630	301(C)(3)	20,704		IMPROVEMENT MH
THE TREE HOUSE CHILD	81-4269650	501(C)(3)	9.455		CAC RESP TO CHILDREN

201(C)(2) WITH SBP ADVOCACY CENTER OF MONTGOMERY COUNTY MARYLAND 7300 CALHOUN PLACE SUITE 700

20 784

organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance or government assistance other) THE TREE HOUSE CHILD 81-4269650 501(C)(3) 5,982 CAC RESP TO PHYSICAL ABUSE ADVOCACY CENTER OF

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

MONTGOMERY COUNTY MARYLAND 7300 CALHOUN PLACE SUITE 700 ROCKVILLE, MD 20855					
TWIN CEDARS YOUTH AND	58-1413499	501(C)(3)	22,536		CAC SERVICES

LAMITTA SEKATCES CHITCHEN 2 IMILLIAKI TREE HOUSE INC INSTALLATIONS 1225 THIRD AVENUE

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

COLUMBUS, GA 31901

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UPPER VALLEY CHILD 83-2077568 501(C)(3) 16.005 PROGRAM EXPANSION

5272 S COLLEGE DRIVE 200 SALT LAKE CITY, UT 84123

ADVOCACY CENTER 162 YELLOWSTONE HWY RIGBY, ID 83442					
UTAH ATTORNEY GENERAL - CHILDREN'S JUSTICE CENTER PROGRAM	87-6000545	501(C)(3)	130,823		CH QIAA 3

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 87-6000312 501(C)(3) 23.000 PROGRAM UTAH COUNTY CHILDREN'S JUSTICE CENTER IDEVELOPMENT

PROGRAM

IMPROVEMENT MH

5.898

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

501(C)(3)

315 SOUTH 100 EAST PROVO, UT 85142 VALLEY CHILDREN'S ADVOCACY CENTER

1105 GREENVILLE AVENUE STAUNTON, VA 24401 20-0831874

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) VERMONT CHILDREN'S 46-0730444 501(0)(3) 91 704 ICH OTAA 3

ALLIANCE PO BOX 543 BENNINGTON, VT 05201	40 0730444	301(0)(3)	31,704		CII QIAN 3
WEST VIRGINIA CHILD ADVOCACY NETWORK	38-3784521	501(C)(3)	191,804		CH QIAA 2

601 MORRIS STREET SUITE 200

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

CHARLESTON, WV 25301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 36-6006672 501(C)(3) 94.104 DTVF SERVICE WILL COUNTY CHILDREN'S ADVOCACY CENTER PROVISION 304 N SCOTT STREET

JOLIET, IL 60432 WILL COUNTY CHILDREN'S 36-6006672 501(C)(3) 13.769

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

JOLIET, IL 60432

PROGRAM ADVOCACY CENTER IMPROVEMENT MH 304 N SCOTT STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance assistance other) or government 35-2205774 501(C)(3) 16.719 IDTVF TRAINING

WYNONA'S HOUSE 185 WASHINGTON STREET

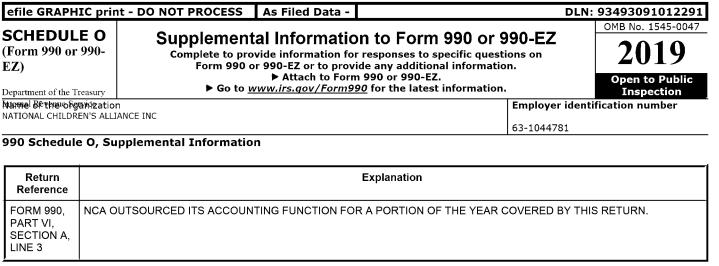
NEWARK, NJ 07102

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49309	1012	291		
Sch	nedule J	Co	mpensat	ion Information	OI	ИВ No.	1545-0	0047		
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest					
		► Complete if the orga	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019				
D	to the Towns		➤ Attach	to Form 990. instructions and the latest inforn		Open to Public				
•	tment of the Treasury al Revenue Service	F Go to <u>www.ms.gov</u>	7 <u>7101111990</u> 101	mistructions and the latest mion	nation.		ectio			
	me of the organiza TONAL CHILDREN'S				Employer identifica	tion nu	ımber			
					63-1044781					
Pa	rt I Questi	ons Regarding Compensat	ion				l			
1 a				the following to or for a person liste y relevant information regarding thes			Yes	No_		
		,	.11 to provide an	,						
		or charter travel companions	H	Housing allowance or residence for Payments for business use of person	•					
		nification and gross-up payments		Health or social club dues or initiation						
		ary spending account		Personal services (e.g., maid, chauf	feur, chef)					
	T6 6 +1 1	1: 4	Li	£-11						
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b				
2				or allowing expenses incurred by all		2				
	airectors, truste	es, officers, including the CEO/EX	recutive Directo	r, regarding the items checked on Lir	ne Ia?					
3				ed to establish the compensation of the not check any boxes for methods	ne					
				CEO/Executive Director, but explain i	n Part III.					
	✓ Compens	ation committee		Written employment contract						
		ent compensation consultant		Compensation survey or study						
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee					
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a					
а	Receive a sever	ance payment or change-of-conti	rol payment? .			4a		No		
b	Participate in, o	r receive payment from, a supple	mental nonqual	ified retirement plan?		4b		No		
c				nsation arrangement?		4c		No		
	ir res to any o	or lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	I 111.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any						
а	The organization	1?				5a		No		
b						5b		No		
_	•	5a or 5b, describe in Part III.								
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any						
a	-	1?				6a		No		
b	,	anization?	i i i			6b		No_		
7	· ·	·	A, line 1a. did	the organization provide any nonfixed	d					
-	payments not d	escribed in lines 5 and 6? If "Yes,	" describe in Pa	rt III		7	Yes			
8	subject to the ir	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 				N.c.		
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		No_		
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule J		1 990)	2019		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred column (B) reported benefits (B)(i)-(D) (ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 TERESA HUIZAR 329,524 (i) 0 18,575 13,500 8,797 0 370,396 EXECUTIVE DIRECTOR 0 0 0 0 (ii) 2 KIM DAY 191,175 (i) 7,000 0 9,922 10,563 218,660 0 DEPUTY DIRECTOR, **PROGRAMS** 0 0 0 0 0 0 0 (ii) 3 DAVID BETZ 155,905 (i) 2,500 0 7,961 10,366 176,732 0 DEPUTY DIRECTOR, **OPERATIONS** 0 0 0 0 0 0 0 (ii) 4 DENISE EDWARDS 160,747 (i) 0 8,441 0 2,000 8,449 179,637 DIRECTOR OF GOVT AFFAIRS 0 0 0 0 0 0 0 (ii) 5 IRINA HEIN 130,324 (i) 2,000 0 6,945 11,133 150,402 0 DIRECTOR OF GRANTS MANAGEM 0 0 0 0 0 0 0 (ii)

Schedule J (Form 990) 2019	Page 3
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
,	THE EXECUTIVE DIRECTOR WAS AWARDED A BONUS BASED ON AN ANNUAL PERFORMANCE EVALUATION BY THE BOARD OF DIRECTORS. THIS BONUS OF \$18,575 IS INCLUDED WITH OTHER COMPENSATION FROM THE ORGANIZATION AS SHE ELECTED TO DEFER THE AMOUNT DIRECTLY INTO A 457(B) RETIREMENT ACCOUNT. THE DEPUTY DIRECTOR, PROGRAMS, DIRECTOR OF GOVERNMENT AFFAIRS, DIRECTOR OF DEVELOPMENT, DIRECTOR OF GRANTS MANAGEMENT, DEPUTY DIRECTOR, OPERATIONS AND DIRECTOR OF CHAPTER DEVELOPMENT AND MEMBERSHIP WERE AWARDED CASH BONUSES BASED ON ANNUAL PERFORMANCE EVALUATIONS BY THE EXECUTIVE DIRECTOR.

Schedule 1 (Form 990) 2019



Return Explanation
Reference

LINE 6

FORM 990, THE TYPES OF MEMBERS ARE: ACCREDITED, ASSOCIATE, AND CHAPTER.
PART VI,
SECTION A.

Return Explanation
Reference
FORM 990. ACCREDITED MEMBERS MAY ELECT SIX SLOTS ON THE BOARD.

PART VI, SECTION A, LINE 7A

Return Explanation

FORM 990, PART VI, SECTION A, LINE 8B

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 12C

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 15

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

LINE 2C:

FORM 990, PART XII.