Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2017

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning , 2017, and ending Check if applicable: D Employer identification number Address change SERVE THE CHILDREN 91-1773812 4423 PT FOSDICK DRIVE NW #202 Name change Telephone number GIG HARBOR, WA 98335 Initial return 253-851-1794 Final return/terminated Amended return G Gross receipts \$ 288,193. F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates Yes No H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) SAME AS C ABOVE No Yes Tax-exempt status X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or Website: ► WWW.SERVETHECHILDREN.COM H(c) Group exemption number > Form of organization: X Corporation Trust Other -M State of legal domicile: WA Association L Year of formation: 1997 Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVING THE FUTURE OF CHILDREN BY MEETING THEIR EDUCATIONAL, EMOTIONAL AND PHYSICAL NEEDS Governance ENVIRONMENT if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 ৹ধ Number of independent voting members of the governing body (Part VI, line 1b)..... 4 0 Activities Total number of individuals employed in calendar year 2017 (Part V, line 2a). 5 2 6 40 7a Total unrelated business revenue from Part VIII, column (C), line 12....... Ō. **b** Net unrelated business taxable income from Form 990-T. line 34..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 199,142 191,842. Revenue 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 61 147 71.877 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 260,289 263.719 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 24,877. 19,294. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)...... 191,313 265,425. 216,190. 284,719. 44,099. -21,000. გ წ End of Year Beginning of Current Year 20 Total assets (Part X, line 16)..... 186,239. 171,843. 21 Total liabilities (Part X, line 26). 401. 7,005. Net 22 185,838 164,838. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ZACHARY L BARNES TREASURER Type or print name and title Print/Type preparer's name Preparer's signature R DOUGLAS COLLIER CPA R DOUGLAS Paid COLVER 2/17/18 P00434636 self-employed Preparer COLLIER HEGGERNESS & BRONK CPA'S PS INC Use Only Firm's address 4423 POINT FOSDICK DR NW. Firm's EIN > 91-1543362

GIG HARBOR, WA 98335

253-851-1794

Yes

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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.	3		Х
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		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
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	11 b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
		18	Х	
19 ——	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
BAA	TEEA0103L 08/08/17	Form	990	(2017)

Form 990 (2017) SERVE THE CHILDREN Part V Checklist of Required Schedules (continued)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
I	f 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a 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		Х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		•••
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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.	25a		Х
ı	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes</i> ,' <i>complete Schedule L, Part I.</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	2411/47/511/10	Χ
Į	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
	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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
١	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Part V	Statements	Regarding	Other IRS	Filings	and Tax	Compliance
	Check if Sched	lule O contains	s a response	or note to	any line in	n this Part V

				\vdash \sqcup
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 0		Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0	-836000		
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c		
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	2 a 2			
b If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b	X	100000000000000000000000000000000000000
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:	•			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	er authority over, a inancial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country:				le din
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	•			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 b		Х
		5 c		ļ
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ions or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?		7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?		7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	001.00		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file I as required?	Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1		
organization have excess business holdings at any time during the year?	************************	8		X
9 Sponsoring organizations maintaining donor advised funds.			9.0	and i
a 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 per	son?	9 b		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
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:	100			
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b	7.0		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a	mannisii)	parameter
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		100	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a is the organization licensed to issue qualified health plans in more than one state?		13a	38/65/324 0100×1	
Note. See the instructions for additional information the organization must report on Schedul	le O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13 c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in BAA TEEA0105L 08/08/17	Schedule O	14b	000	(2012
BAA TEEA0105L 08/08/17		rorm	990	(201/

91-1773812 Page 6 Part VIII Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 1 a 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..... 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 X 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... X 5 6 Did the organization have members or stockholders? X 6 7 a 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?..... 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a 8Ь Χ 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 Q...... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates?..... X 10 a b 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... Χ 12 c 13 Did the organization have a written whistleblower policy?..... X 13 X 14 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 15 a X b Other officers or key employees of the organization X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Х Own website Another's website Upon request Other (explain in Schedule O) 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. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: DOUG COLLIER 4423 PT FOSDICK DRIVE NW #202

GIG HARBOR WA 98335 253-851-1794

Form 990	(2017)	SERVE	THE	CHILDREN

91-1773812

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation				
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MIKE SANDEFUR	1									
DIRECTOR	0	Χ						0.	0.	0.
(2) DR. JENI GREGORY VICE PRESIDENT	1	Х		Х				0.	0.	0.
_(3)_KYLE_BRISTOW	1									
DIRECTOR	0	X						0.	0.	0.
	1	Х						0.	0.	0.
(5) JENNIFER A TAYLOR DIRECTOR	1	Х						0.	0.	0.
(6) ZACHARY L BARNES	1							U .	0.	<u> </u>
TREASURER	0			Х				0.	0.	0.
(7) DR. DOUG COLLIER PRESIDENT	$-\frac{12}{0}$			Х				0.	0.	0.
_(8)								0.	<u> </u>	<u> </u>
<u>(9)</u>										
(10)				·						
(11)										***************************************
(12)										<u></u>
(13)										
(14)										

(A) Name and title	(B) (C) Average hours per (do not check more than one box, unless person is both an officer and a director/frustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the					
	for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner			organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	on A						A	0. 0.	0. 0.	0. 0. 0.
2 Total number of individuals (including but not limited from the organization ► 0							ved	more than \$100,00		pensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	h individu	al								Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportabler than \$1	e cor 50,00	mper 00? /	nsa If 'Y	tion ′es,'	and com	oth iple	er compensation te Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen	satio te Sc	n fro	m a	any <i>J fo</i>	unre r suc	late h p	d organization or erson.	individual	
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated inde	epend	dent	COF	ntrac	tors	tha	t received more t	nan \$100.000 of	
compensation from the organization. Report compen (A) Name and business add	sation for	the ca	alend	lar y	/ear	endii	ng w	vith or within the or	ganization's tax year	(C)
ivame and business add	ess							Description of	ot services	Compensation
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ted to	thos	se li	sted	abo	ve) v	who received more	than	

	Check if Schedule O contains a response or note to any line in this Part VIII.									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	ti d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions gifts, gainst account and include a contributions).								
ontrib nd Oth	_	similar amounts not included Noncash contributions included Total. Add lines 1a-1f	l in lines 1a-1f: \$	191,842.						
enue G	2 a		<u> </u>	Business Code	191,042.					
Program Service Revenue	b d d e f	All other program service	L							
<u> </u>	3	Total. Add lines 2a-2f Investment income (income character)	ludina dividends	s, interest and						
	4 5	other similar amounts). Income from investmen Royalties	t of tax-exempt	bond proceeds			A SHERINGER SHOWS A SHERING SHERING	assassas annumentoria		
	b c	Gross rents								
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other						
	d	Gain or (loss)								
Other Revenue	b	Gross income from fund (not including . \$ of contributions reported See Part IV, line 18 Less: direct expenses . Net income or (loss) fro	d on line 1c).	24,474.						
Ų	9 a	Gross income from gam See Part IV, line 19 Less: direct expenses.	ning activities.		71,877.					
	10 a	Net income or (loss) fro Gross sales of inventory and allowances Less: cost of goods solo	/, less returns	3						
		Net income or (loss) fro	m sales of inve							
	11 a b				asawan comunicasion non managing in					
		All other revenue Total, Add lines 11a-110	L-	-			antinium anarese e e e e e e e e e e e e e e e e e e			
		Total revenue. See insti			263,719.	O C	Ω	Control of the Contro		

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	WY-09-00-00-00-00-0-1-	and the state of t		
4		***************************************	~~~~~		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.1	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	
7	Other salaries and wages.	17,761.	15,000.	2,761.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,701.	13,000.	2,101.	
9	Other employee benefits				
10	Payroll taxes	1,533.	1,288.	245.	
	Fees for services (non-employees):		,		~~
	Management				
	Legal				
	Accounting				
	Lobbying				
	Investment management fees.				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion	936.	936.		
13	Office expenses.	2,070.		2,070.	
14 15	Information technology				
16	Occupancy	***************************************			
17	Travel	3,843.	3,843.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,043.	3,043.		
19	Conferences, conventions, and meetings				
20	Interest				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,609.	12,609.		
23 24	Insurance. 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.).				
а	LIBERIA OPERATIONS	195,687.	195,687.		
	INDIA OPERATIONS	36,033.	36,033.		
	KENYA	6,900.	6,900.		
	BOOKS	2,343.	2,343.		
	All other expenses	5,004.	4,892.	112.	
	Total functional expenses. Add lines 1 through 24e	284,719.	279,531.	5,188.	0.
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).				

		Check if Schedule O contains a response or note to	any lir	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			67,010.	1	49,864.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		, . <i>,</i>		3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers mployee	, directors, es. Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (3)(B), ar (9) volur Part II	(as defined under nd contributing ntary employees' of Schedule L		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	7,559.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	198,429.			
	b	Less: accumulated depreciation	10 b	84,009.	119,229.	10 c	114,420.
	11	Investments — publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		186,239.	16	171,843.
	17	Accounts payable and accrued expenses			400.	17	7,005.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	disqua	lified persons.		22	
	23	Secured mortgages and notes payable to unrelated th	ird part	ies		23	
	24	Unsecured notes and loans payable to unrelated third	parties	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rel	ated third parties, art X of Schedule D.	1.	25	
	26	Total liabilities. Add lines 17 through 25			401.	26	7,005.
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
anć	27	Unrestricted net assets			185,838.	27	164,838.
3al	28	Temporarily restricted net assets				28	
d E	29	Permanently restricted net assets				29	
'n		Organizations that do not follow SFAS 117 (ASC 958), ch	eck her	e ►			
F		and complete lines 30 through 34.		_	2000 000 000 000 000 000 000 000 000 00		
S	30	Capital stock or trust principal, or current funds		**************************************	30	parament no. 100 and 1	
Se	31	Paid-in or capital surplus, or land, building, or equipm				31	
As	32	Retained earnings, endowment, accumulated income,				32	
ē	33	Total net assets or fund balances			185,838.	33	164,838.
_	34	Total liabilities and net assets/fund balances	<u></u>		186,239.	34	171,843.

BAA Form **990** (2017)

Pa	n XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	263,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	284,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-21,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	185,	
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		····
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10				• • •
Da	rolumn (B))	10	164,	<u>838.</u>
	Check if Schedule O contains a response or note to any line in this Part XII			
_			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		0.000	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
	b Were the organization's financial statements audited by an independent accountant?		2b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite		
	X Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BA			Form 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

		e organization					Employer identific	ation number		
		THE CHILDREN					91-177381	2		
Part	l	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruc	tions.		
	ga	nization is not a private found	•	• .		-	•			
1	_	A church, convention of church					i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
4	L	A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). E	inter the hospital's		
	_	name, city, and state:					···· ·			
5	L	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle implete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in		
6	, , , , , , , , , , , , , , , , , , ,									
7	Χ	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general pul	olic described		
8	L	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		An agricultural research organi or university or a non-land-grar university:	zation described in sec nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	ated in co the nam	onjunctione, city, a	on with a land-grant college of the college of	ege or		
10		An organization that normally r from activities related to its investment income and unrel June 30, 1975. See section s	exempt functions—sub lated business taxable	oject to certain exception e income (less section	ns. and	(2) no r	more than 33-1/3% of i	ts support from gross		
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).			
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	nd operated exclusive	ly for the benefit of, to d in section 509(a)(1) of	perform	the fun n 509(a)	ctions of, or to carry o	ut the purposes of one (X3). Check the box in		
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervised gularly appoint or elect	d or controlled by its sur	norted a	roanizati	ion(s) typically by giving	the supported		
b	_			anticelland in accountion	:			to a character to a		
J		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	the same persons that of	ontrol or	manage	the supported organizat	naving control or ion(s). You		
С	L	Type III functionally integrated. organization(s) (see instruction	. A supporting organizat ons). You must com p	ion operated in connection olete Part IV, Sections	n with, ar A, D, an	nd functio	onally integrated with, its	supported		
d	L.	Type III non-functionally integrated. The cinstructions). You must com	rated. A supporting orgorganization generally plete Part IV. Section	anization operated in cor must satisfy a distribu s A and D. and Part V.	nection tion req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see		
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t supporting organization	he IRS	that it is	a Type I, Type II, Typ	e III functionally		
		iter the number of supported	•							
g	Pr	ovide the following information	n about the supported	d organization(s).						
(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the lion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)							****			
(4)										
(B)										
(C)										
(D)		_								
(E)										
Total										

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	303,792.	276,614.	301,959.	285,526.	288,193.	1,456,084.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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)	303,792.	276,614.	301,959.	285,526.	288,193.	1,456,084.
6	Public support. Subtract line 5 from line 4					Massassassassassas Assassassassassassassassassassassassassa	1,456,084.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	303,792.	276,614.	301,959.	285,526.	288,193.	1,456,084.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,456,084.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage		······································		
14	Public support percentage for 20						100.00%
15	Public support percentage from	2016 Schedule A,	Part II, line 14				100.00%
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b olicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2016. If the and stop here. The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	est—2017. If the or meets the 'facts-a s-and-circumstand	rganization did no and-circumstances es' test. The orga	t check a box on s' test, check this nization qualifies	line 13, 16a, or 1 box and stop her as a publicly sup	6b, and line 14 is re. Explain in Part ported organizatio	10% VI how on ►
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and Daniel' ("")	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop he a publicly support	'e. Explain in Part ed organization…	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check th	is box and see ins	structions > U

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			***************************************			
	received. (Do not include						
2	any 'unusual grants.')						····
4-	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
-	tax-exempt purpose			·			
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
-	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1.						
, u	2, and 3 received from						
	disqualified persons						
ø	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(a) 2013	(0) 2014	(C) 2015	(a) 2016	(e) 2017	(i) rotal
	Gross income from interest, dividends,						······································
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of]				
	capital assets (Explain in						
12	Total support. (Add lines 9,	<u> </u>		-			
	10c, 11, and 12.)						
14	First five years. If the Form 990	is for the organiz	ation's first, secor	ıd, third, fourth, c	or fifth tax year as	a section 501(c)(3)	, П
Sec	organization, check this box and tion C. Computation of Pu		***************************************				<u>_</u>
	Public support percentage for 20			ia 13 column (A)	\	15	<u> </u>
	Public support percentage from						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	tion D. Computation of Inv						
17	Investment income percentage f				ımn (fl)		
18	Investment income percentage t					<u> </u>	 %
	33-1/3% support tests-2017. If	the organization of	did not check the t	oox on line 14, ai	nd line 15 is more	than 33-1/3%, and	line 17
	is not more than 33-1/3%, check	k this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization.	
b	33-1/3% support tests—2016. If	the organization o	lid not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more than 33-1	/3%, and
20	line 18 is not more than 33-1/39 Private foundation. If the organi						
~~	Thrace roundadon. If the Organi	Zadon did not Che	on a box on mie	17, 17a, UL 17D, (TIECK THIS DOX SHO	a see msuucuons,,.	······· - 📋

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
38	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ŀ	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.	3с		
48	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		
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
(Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4 c		
5	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	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		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	viata: statu roi	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ).	8		
98	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		
ł	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		1,000
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		76
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
ł	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	ili	a substitute su

10b

Pa	rt IV Supporting Organizations (continued)	
44		Yes No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
	b A family member of a person described in (a) above?	
	• 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.	11b
	ction B. Type I Supporting Organizations	1110
-	ction 5. 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 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 organization.	2
Sec	ction 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Sec	ction D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
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
Sec	ction E. Type III Functionally Integrated Supporting Organizations	······································
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
	The organization satisfied the Activities Test. Complete line 2 below.	
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)
	The diganization supported a governmental entity. Describe in I art VI now you supported a government entity (see	msu actions).
2	Activities Test. Answer (a) and (b) below.	Yes No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	
	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.	3b

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on f ns mi	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). See through E.		
Section A — Adjusted Net Income (A) Prior Year (B) (C)						
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				
Sec	ction B — Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
	Average monthly value of securities	la				
	Average monthly cash balances	1b				
(Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors (explain in detail in Part VI):					
	Acquisition indebtedness applicable to non-exempt-use assets	2				
	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				
	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C — Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6 	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrate	d Type III supporting org	panization		
BAA			Schedule A (Fo	orm 990 or 990-EZ) 201		

Pai	Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organiza	tions (continued)	7301Z 1 age 7
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	,		
3	Administrative expenses paid to accomplish exempt purposes of s	upported 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.			
	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions.	ion is responsive (provide	details	
_ 9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3				publication of the second of the
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	f Total of lines 3a through e			
9	Applied to underdistributions of prior years	e aproduceda especial por substitución		
ł	Applied to 2017 distributable amount			
***************************************	i Carryover from 2012 not applied (see instructions)			in spoking that the under
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2017 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		Geographic Decision and Record	
8	Breakdown of line 7:			
	Excess from 2013			
I	Excess from 2014		all the particular science of	

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c Excess from 2015..... d Excess from 2016..... e Excess from 2017.....

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

SERVE THE CHILDREN		91-1773812
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Genera	I Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-Ez property) from any one contributor. Comple	Z, or 990-PF that received, during the year, contributions total ete Parts I and II. See instructions for determining a contribu-	aling \$5,000 or more (in money or tor's total contributions.
Special Rules		
X For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during t Form 990, Part VIII, line 1h; or (ii) Form 99	P1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	ort test of the regulations 16a, or 16b, and that 12% of the amount on (i)
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	P1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lip children or animals. Complete Parts I, II, and III.	from any one contributor, terary, or educational
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete ar	P1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contributione total contributions that were received during the year for any of the parts unless the General Rule applies to this organicale, etc., contributions totaling \$5,000 or more during the year	ons totaled more than In <i>exclusively</i> religious, ization because
Caution. An organization that isn't covered by 990-PF), but it must answer 'No' on Part IV, lir Part I, line 2, to certify that it doesn't meet the	the General Rule and/or the Special Rules doesn't file Sched ne 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	iule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 0-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page

1 of Part II

Name of organization Employer identification number SERVE THE CHILDREN 91-1773812 Part II Moncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	·····
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given		(d) Date received
(a) No. from Part I	(b) Description of noncash property given		(d) Date received

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

of Part III

Name of organization Employer identification number SERVE THE CHILDREN 91-1773812 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

	or (10) that total more than \$1,000 for the the following line entry. For organizations com contributions of \$1,000 or less for the year. (E. Use duplicate copies of Part III if additional sp	pleting Part III, enter the total of nter this information once. See ir	exclusively religious, charitable, etc		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
		(e) Transfer of gift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held		
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee		
(-)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer				

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	SERVE THE CHILDREN			91-1773812					
P۵	nt Organizations Maintaining Donor	unds or Acc							
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.								
		(a) Donor advised funds		unds and other accounts					
1	Total number at end of year	(a) Sonor davisca lands	(5)	and and other accounts					
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 dono are the organization's property, subject to the o	r advisors in writing that the assets held in rganization's exclusive legal control?	donor advised	funds					
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cimpermissible private benefit?	, and donor advisors in writing that grant further donor or donor advisor, or for any other	unds can be use ner purpose con	ed only ferring Yes No					
Pa	TII Conservation Easements.	ered 'Yes' on Form 990, Part IV, Iir	20.7						
1	······································		ne 7.						
,	Preservation of land for public use (e.g., red		n of a historic-l	ly important land area					
	Protection of natural habitat	1		ly important land area nistoric structure					
	Preservation of open space	Freservation	ii or a cermieu i	listoric structure					
2		Id a qualified conservation contribution in the f	form of a conson	vation easement on the					
_	last day of the tax year.	id a quanned conservation contribution in the t	ionii oi a conserv	ration easement on the					
			Н	eld at the End of the Tax Year					
	a Total number of conservation easements	,.,.,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a						
	b Total acreage restricted by conservation easem) 1						
	c Number of conservation easements on a certifie	ed historic structure included in (a)	2 c						
	d Number of conservation easements included in	(c) acquired after 7/25/06, and not on a his	storic						
_	structure listed in the National Register								
3	Number of conservation easements modified, transft tax year ►	rerred, released, extinguished, or terminated by	y the organizatio	n during the					
4	Number of states where property subject to conserv	ration easement is located ►							
5	Does the organization have a written policy rega	arding the periodic monitoring, inspection, i	—— handling of viola	ations,					
	and enforcement of the conservation easements								
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, and enforcing	conservation eas	sements during the year					
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing cons	servation easeme	nts during the year					
	≻ \$	•		• •					
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of	section 170(h)(^{4)(B)(i)}					
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to conservation easements.	onservation easements in its revenue and exp the organization's financial statements tha	ense statement, at describes the	and balance sheet, and organization's accounting for					
Pa	HIII Organizations Maintaining Collect	tions of Art, Historical Treasures, ered 'Yes' on Form 990, Part IV, lir	or Other Sim	ilar Assets.					
1	a If the organization elected, as permitted under sart, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance	for public exhibition, education, or research in	venue statemer n furtherance of p	nt and balance sheet works of bublic service, provide,					
	b If the organization elected, as permitted under S historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenu public exhibition, education, or research in fur	ue statement ar therance of publi	nd balance sheet works of art, c service, provide the					
	(i) Revenue included on Form 990, Part VIII, lii	ne 1		►\$					
	(ii) Assets included in Form 990, Part X			▶\$					
2	amounts required to be reported under SFAS 1								
	a Revenue included on Form 990, Part VIII, line 1			►\$					
	b Assets included in Form 990, Part X	•••••		▶\$					

Part III Organizations Mainta	ining Collect	ions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (co	ontinu	ied)	
3 Using the organization's acquisition items (check all that apply):	n, accession, and	other records, check a	any of the following that ar	e a significant use of its	collection	ก		
a Public exhibition	a Public exhibition d Loan or exchange programs							
b Scholarly research		e Other						
c Preservation for future gener								
Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather t	ition solicit or re han to be maint	ceive donations of ar ained as part of the o	t, historical treasures, o organization's collection	r other similar assets	Yes		No	
Part IV Escrow and Custodia line 9, or reported an	l Arrangeme amount on F	nts. Complete if to orm 990, Part X,	the organization and line 21.	swered 'Yes' on Fo	rm 990), Par	t IV,	
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian o	or other intermediary	for contributions or other	er assets not included	Yes		No	
b If 'Yes,' explain the arrangement						L	_],,,	
		, , , , , , , , , , , , , , , , , , , ,			Amount			
c Beginning balance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1c				
d Additions during the year		,		1d		***************************************		
e Distributions during the year				1e				
f Ending balance								
2 a Did the organization include an a	mount on Form	990, Part X, line 21,	for escrow or custodial	account liability?	Yes		No	
b If 'Yes,' explain the arrangement	in Part XIII. Ch	eck here if the explai	nation has been provide	d on Part XIII		[
11-								
Part V Endowment Funds. C				<u>rm 990, Part IV, li</u>				
	(a) Current yea	ar (b) Prior yea	r (c) Two years back	(d) Three years back	(e) F	four years	s back	
1 a Beginning of year balance					+			
b Contributions					+			
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
Provide the estimated percentag	e of the current	year end balance (lir	ne 1g, column (a)) held	as:	***************************************			
a Board designated or quasi-endowm	ent ►	ૄ %						
b Permanent endowment b	%							
c Temporarily restricted endowmen								
The percentages on lines 2a, 2b, a	nd 2c should equ	al 100%.						
3a Are there endowment funds not in to organization by:	he possession of	the organization that a	are held and administered	for the	Γ	Yes	No	
(i) unrelated organizations					. 3a(i)		<u> </u>	
(ii) related organizations						·····	\vdash	
b If 'Yes' on line 3a(ii), are the rela	ated organization	ns listed as required	on Schedule R?	********				
4 Describe in Part XIII the intended	d uses of the org	ganization's endowm	ent funds.		<u> </u>	***************************************		
Part VI Land, Buildings, and	Equipment.	*****						
Complete if the organ		ered 'Yes' on For	m 990, Part IV, line	11a. See Form 99	0. Par	t X. lir	ne 10.	
Description of property	······································	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation		Book va		
1 a Land	,.,.,.			depresation		11	,975.	
b Buildings			104,803.	39,027.			,776.	
c Leasehold improvements	1		38,838.	23,357.			,481.	
d Equipment	i —		16,800.	9,360.			,440.	
e Other	⊢		26,013.	12,265.			,748.	
Total. Add lines 1a through 1e. (Colum	nn (d) must eau	al Form 990. Part X	column (B) line 10c)	12,203.		~~~~~	120	

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... 114,420. Schedule **D** (Form 990) 2017

Part VII	Investments -	- Other Securities.		N/A	
), Part IV, line 11b. See Form	
		egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(3) Other	· · ·	sts			
(A)					
(B)					
(C)		** *** *** ** ** ** ** ** ** * * * * *			
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					NATURAL STREET, SALES AND
		990, Part X, column (B) line 12.) 🕨	L		
Part VIII	Complete if th	 Program Related. organization answered 	L'Yes' on Form 990	N/A), Part IV, line 11c. See Form 9	990. Part X. line 13.
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end	
(1)					
(2)		***************************************			•
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
(10)					
	mn (b) must equal Form :	990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	o organization on our organization	N/A	Dort IV line 11d See Form	000 Dort V line 1E
	Complete ii tii		scription), Part IV, line 11d. See Form	(b) Book value
(1)		(4)	3011741011	***************************************	(2) 2001. 14.40
(2)					
(3)					
(4)					
(5) (6)					+
(7)					
(8)					
(9)					
(10)	***************************************				
		al Form 990, Part X, column (B) line 15.)	.,	<u> </u>
Part X	Other Liabiliti		form 990 Part IV line 1	1e or 11f. See Form 990, Part X, line 2	ξ
		otion of liability	(b) Book value		y
	eral income taxes	· · · · · · · · · · · · · · · · · · ·			
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)	· ·	· · · · · · · · · · · · · · · · · · ·			
(10)					
(11)	imp (h) must soud fa	000 Part V column (D) line 05 \	>		
		990, Part X, column (B) line 25.)		nancial statements that reports the organization	's liability for uncertain
				L	S habitity for uncertain

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
1 Total revenue, gains, and other support per audited financial statements	1				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments					
b Donated services and use of facilities					
c Recoveries of prior year grants					
d Other (Describe in Part XIII.).					
e Add lines 2a through 2d	2 e				
3 Subtract line 2e from line 1	3				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b					
b Other (Describe in Part XIII.). 4b					
c Add lines 4a and 4b	4c				
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).					
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A				
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A				
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return. N/A				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	T +				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	T +				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	T +				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.	1				
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Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e				
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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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization							Employer identification number		
SERVE THE CHILDREN						91-1773812			
Fundraising Activities, Complete Form 990-EZ filers are not really lindicate whether the organization	quired to comp	lete this p	art.						
Tindicate whether the organization	raised funds th	rough any	of the folk						
a Mail solicitations			е			•			
b Internet and email solicitations	5		f	Solicitation of gove	ernment	grants			
c Phone solicitations			g	X Special fundraising	events		•		
d n-person solicitations			_	-					
2 a Did the organization have a written c employees listed in Form 990, Par b If 'Yes,' list the 10 highest paid in compensated at least \$5,000 by the	dividuals or ent	ities (fund	ndividual (i tion with pr raisers) pu	ncluding officers, directo rofessional fundraising rsuant to agreements of the contract of the	rs, truste services under wh	es, or key §? nich the fundrai	Yes X No iser is to be		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)		(vi) Amount paid to (or retained by) organization		
		Yes	No		Columns (1)	-			
1		163	110						
2									
3									
4									
5									
6				,					
7									
8									
9									
10									
Total			·				0.		
List all states in which the organization licensing. WA				ontributions or has been	notified i	t is exempt from	registration		

Schedule G (Form 990 or 990-EZ) 2017 SERVE THE CHILDREN 91-1773812 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) FUNDRAISING- D NONE through column (c)) REVENUE (event type) (event type) (total number) 96,351. 96,351. 2 Less: Contributions..... Gross income (line 1 minus line 2) 96,351. 96,351. 4 Cash prizes..... Noncash prizes..... DIRECT Rent/facility costs 1,600. 1,600. 7 Food and beverages..... 6,762. 6,762. EXPENSES 8 Entertainment..... Other direct expenses 16,112. 16,112. 10 Direct expense summary. Add lines 4 through 9 in column (d).... 24,474. 71,877. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo (c) Other gaming bingo/progressive (add column (a) through column (c)) bingo 1 Gross revenue 2 Cash prizes..... DIRECT 3 Noncash prizes..... Yes Yes Yes 6 Volunteer labor..... No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... 8 Net gaming income summary. Subtract line 7 from line 1, column (d)...................▶ 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If 'Yes,' explain:

Sch	edule G (Form 990 or 990-EZ) 2017 SERVE THE CHILDREN	91-1773812	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
12		to	□ No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility	13a	%
	b An outside facility	1 1	
14			
	Name •		
	Address ►		
I	of gaming revenue retained by the third party ► \$	enue? Yes d the amount	No
•	c If 'Yes,' enter name and address of the third party:		
	Name •		
	Address ►		·
16	Gaming manager information:		
	Name •		
	Gaming manager compensation • \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	ne Ye s	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen organization's own exempt activities during the tax year ► \$	in the	<u> </u>
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	columns (iii) and (any additional	(v);
	mormation. See instructions.		

TEEA3703L 09/18/17

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
SERVE THE CHILDREN

Employer identification number 91–1773812

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PUBLISHED ON OUR WEB SITE EACH YEAR. WE NOTIFY ALL BOARD MEMBERS OF THIS VIA AN EMAIL AND WE POST THIS ON OUR FACEBOOK GROUP SITE FOR ANY DONOR TO KNOW THAT THE TAX RETURN IS THERE TO VIEW.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ON WEB SITE- WWW.SERVETHECHILDREN.COM