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SCANNED JUN 2 3 2014

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning July 1. 2012, and ending 20 13 D Employer identification number Check if applicable C Name of organization Children, Incorporated Doing Business As 54-0761510 Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 804-359-4562 1205 Dover Road City, town or post office, state, and ZIP code Terminated G Gross receipts \$ 4,592,066 Amended return Richmond, VA 23221 Application pending F Name and address of principal officer Stephen D. Holton, Board Chair H(a) Is this a group return for affiliates? Yes Vo H(b) Are all affiliates included? Yes No 4435 Waterfront Drive, Suite 200, Glen Allen, VA 23060 If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status www.childrenincorporated.org H(c) Group exemption number ▶ Form of organization Corporation Trust Association Other > M State of legal domicile 1964 VA Part I Summary Briefly describe the organization's mission or most significant activities: To provide funding for supplies and services to meet the basic and educational needs of impoverished children. Activities & Governance Check this box > I 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) Number of independent voting members of the governing body (Part VI, line 1b) 3 C 6 4 6 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 24 Total number of volunteers (estimate if necessary) . . . 6 375 7a Total unrelated business revenue from Part VIII, column (C), line-12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Vear Current Year Contributions and grants (Part VIII, line 1h). 4,930,946 4.525.034 q Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 67,0<u>32</u> 17.095 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4.948.041 4.592.066 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 n 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,257,656 896.207 16a Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,079,624 3,688,068 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 4,945,724 3,975,831 19 Revenue less expenses. Subtract line 18 from line 12 2,317 616,235 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 4,475,499 5,087,000 21 Total liabilities (Part X, line 26) . 269,682 31,766 22 Net assets or fund balances. Subtract line 21 from line 20 4,205,817 5,055,234 Part II Signature Block Under penalties of perjury, 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 proparer (other than officer) is based on all information of which preparer has any knowledge Sign Here STUPHEN Type or print name and title Print/Type preparer's name Date Preparer's signature **Paid** Check self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

] Yes 🔲 No

Form 990 (2012)

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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	
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	·	/
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		1
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		1
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	1	-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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	11b	-	√
С	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	11c		√
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	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	·	√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a	✓	
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		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			n 990	(2012)

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Part	Checklist of Required Schedules (continued)			l Na
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No ✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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		V
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		1
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		1
34	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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			,
38	Part VI	37	✓	✓
			000	(0010)

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Part				_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	,	163	140
b		2		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			l. !
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 24	:		; }
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ►			
- -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		-
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
- Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	04		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h Ω	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	; ;l		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	8	,	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	71		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_, ,		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	- 7		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		!	
b				
С	100		i	
14a	Enter the amount of reserves on hand	14a		1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		├ <u></u>

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Part		and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response to any question in this Part VI			ions. . 🔽
Secti	ion A. Governing Body and Management	<u> </u>		<u>. U</u>
	on Al Governing Body and Managorion.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		1) 1)
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	/
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	 	/
6 7a	Did the organization have members or stockholders?	7a		✓ ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	-
9	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	-,	
13 14	Did the organization have a written whistleblower policy?	13	√	-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b		10a		✓
	organization's exempt status with respect to such arrangements?	16b		.!
Secti	on C. Disclosure	1.00	L	·
17 18	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O for a full list of state Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)	tes n 501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.		,	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Stephen D. Holton, 4435 Waterfront Drive, Suite 200, Glan Allen, VA 23060: 804-521-2239	of the)	

Page	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
	(C) Position (D) (F)									(5)
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	eck s pe d a d	more rson irect	than on the state of the state	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Stephen D. Holton Chair	10	✓		1				0	0	0
(2) James K. Walker	2									
Vice Chair		✓		✓				0	0	0
(3) Keith R. Dull	11									
Treasurer		/		✓	<u> </u>		ļ	0	0	0
(4) Mana Behbin	1/2								}	
Director		✓						0	0	0
(5) Carolyn Brown Director	1/2	1						0	0	0
(6) Henry Gonzalez	1/2									
Director		✓						0	0	0
(7) Ronald H. Carter	40]								
President and CEO			L	L	✓	✓		63,497	0	0
(8)										
(9)										
(10)										
(11)								`-		
(12)										
(13)										
(14)										
		1				[1		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (co	ontinue	d)
	(A)	(B)			Pos	C) ition			(D)	(E)		(F)
	Name and title	Average hours per	box,	unles	s pe	rson	than one that the state of the	an	Reportable compensation from	Reportable compensation related	rom	Estimated amount of other
		week (list any hours for related organizations	Individu or direct	Institutio	Officer	Key employee	Highest employe	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		compensation from the organization
		below dotted line)		Institutional trustee		ployee	Highest compensated employee		,			and related organizations
(15)							8.					
(16)				-								
(17)				_								
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Sub-total	VII, Sectio	n A					^ • •	63,497 0 63,497		0 0	0
2	Total number of individuals (including but reportable compensation from the organi	not limited										
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc							oloyee, or high	-		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch	nedule J for	such	4 1
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompei	nsat	tion	froi	m any	un un	related organiz	ation or indi	vidual	5 1
Section	on B. Independent Contractors							• •				
1 -	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C) ompensation
				-								
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who		

Par	t VIII	Statement of Revenue				
		Check if Schedule O contains a response to any quest		BL	<u> <u></u></u>	<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a				
ir a	b	Membership dues 1b	ı			
S, C	С	Fundraising events 1c				
ar	d	Related organizations 1d				
is, (е	Government grants (contributions) 1e				
tion or S	f	All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f 4,525,034				
a de	g	Noncash contributions included in lines 1a-1f. \$			}	
	h	Total. Add lines 1a–1f	4,525,034			
3		Business Code				
Ver	2a					<u> </u>
~	b					
.5	С					
Š	d					
멾	е					
Program Service Revenue	f	All other program service revenue .		 	L	
	g	Total. Add lines 2a–2f ▶	4,525,034			1
	3	Investment income (including dividends, interest,				
	١,	and other similar amounts)	67,032			
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties			 	
	60	<u> </u>				
	6a	Gross rents Less: rental expenses			ļ	
	b	Rental income or (loss)				
	d	Nick market important and discovery		-		
	7a	Gross amount from sales of (i) Securities (ii) Other			 	
	'-	assets other than inventory]	
	Ь	Less: cost or other basis				
		and sales expenses .			i	
	С	Gain or (loss)				
	d	Net gain or (loss) ▶				
-]	` '				
anne	8a	Gross income from fundraising events (not including \$				
ě		of contributions reported on line 1c).			ŀ	
Other Reve		See Part IV, line 18 a				
흎	h	Less: direct expenses b				
0		Net income or (loss) from fundraising events .				
		Gross income from gaming activities.			"	
		See Part IV, line 19 a				
	Ь	Less: direct expenses b				
		Net income or (loss) from gaming activities ▶				<u> </u>
		Gross sales of inventory, less				
		returns and allowances a				
	ь	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	С					
	d	All other revenue				
	е	Total. Add lines 11a–11d				
	12	Total revenue. See instructions.	4 502 066			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question i	n this Part IX		
	ot include amounts reported on lines 6b, 7b, o, 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 governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	818,742	509,325	250,090	59,327
9	Other employee benefits	77,465	48,190	23,662	5,613
10	Payroll taxes	65,718	40,882	20,074	4,762
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying		and the second second second second second		
е	Professional fundraising services. See Part IV, line 17		hul Die Lebent Wiels		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	122 445			122 445
13	Office expenses	132,415	40.400	4 000	132,415
14	Information technology	24,661	18,496	4,932	1,233
15	Royalties				
16	Occupancy	C1 E7E	40 101	12.215	2 070
17	Travel	61,575	46,181	12,315	3,079
18	Payments of travel or entertainment expenses	21,369	18,164	2,137	1,068
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,166	3,875	1,033	258
23	Insurance	19,338	14,504	3,868	966
24	Other expenses. Itemize expenses not covered			3,000	
	above (List miscellaneous expenses in line 24e. If		1	1000克斯斯克斯	
	line 24e amount exceeds 10% of line 25, column			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(A) amount, list line 24e expenses on Schedule O.)		<u></u>		
а	Supplies and services	2,593,262	2,593,262	of the art of the at his last mean "But of the fact was	
b	Bank and credit card fees	60,713	60,713		
С	Database provider fees	26,289	19,717	5,258	1,314
d	Write-off of assets no longer in use	47,373	35,530	9,475	2,368
е	All other expenses	21,745	16,309	4,349	1,087
25	Total functional expenses. Add lines 1 through 24e	3,975,831	3,425,148	337,193	213,490
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)		., ==(33.,.30	

P	art X	Balance Sheet					<u> </u>
		Check if Schedule O contains a response to	any o	question in this Part X			
			•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,375,792	1	1,962,081
	2	Savings and temporary cash investments		[50,491	2	50,565
	3	Pledges and grants receivable, net	[36,500	3		
	4	Accounts receivable, net			·	4	
	5	Loans and other receivables from current and		,			
		trustees, key employees, and highest co	omper	nsated employees.)
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pers	sons (a	s defined under section	-	·	ii
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), ar	nd cont	ributing employers and			
		sponsoring organizations of section 501(c)(9) volur					
ţ		organizations (see instructions). Complete Part II of Sche	edule L	[6_	
Assets	7	Notes and loans receivable, net				7	
ĕ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or					i i i i i i i i i i i i i i i i i i i
		other basis. Complete Part VI of Schedule D	10a	156,132		!	1.13
	b	Less: accumulated depreciation	10b	99,887	61,480	10c	56,245
	11	· · · · · · · · · · · · · · · · · · ·			2,951,236		3,018,109
	12	Investments—other securities. See Part IV, line				12	
	13	Investments-program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			4,475,499		5,087,000
	17	Accounts payable and accrued expenses			269,682		31,766
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			En el montagno escrete	21	
Liabilities	22	Loans and other payables to current and for			** ***		
Ħ		trustees, key employees, highest compen					
ja		disqualified persons. Complete Part II of Schedu				22	
_	23	Secured mortgages and notes payable to unrela		· •		23	
	24	Unsecured notes and loans payable to unrelated		· –		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D				25	
	26				200 002		21.766
	20	Organizations that follow SFAS 117 (ASC 958			269,682	20	31,766
es		complete lines 27 through 29, and lines 33 and		ck noto = and			
2	27	Unrestricted net assets			3,633,470	27	A 402 007
ala	28	Temporarily restricted net assets			3,033,470	28	4,482,887
8	29	Permanently restricted net assets			572,347		572,347
Š		Organizations that do not follow SFAS 117 (ASC 9		372,347		372,347	
F		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	5-0-8-2 (1 1 2 1 2 0 0 1 2 1 1 1 1 1 2 2 5 5 5 5 5 5 5 5 5 5 5
set	31	Paid-in or capital surplus, or land, building, or ed				31	
As	32	Retained earnings, endowment, accumulated in				32	
<u>e</u> t	33	Total net assets or fund balances			4,205,817		5,055,234
~	34	Total liabilities and net assets/fund balances .			4,475,499		5,087,000
					7,713,433	<u> </u>	0,00,,000

Form 9	90 (2012)			P	age 12
Par	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			92,066
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	75,831
3	Revenue less expenses. Subtract line 2 from line 1	3		6	16,235
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,2	<u>05,817</u>
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		2	33,182
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		5,0	55,234
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting the organiz	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
2 a	If "Yes," check a box below to indicate whether the financial statements for the year were comp				·
	reviewed on a separate basis, consolidated basis, or both:	ilica oi		}	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
h			2b	1	
ь	Were the organization's financial statements audited by an independent accountant?				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such as	JUITS	3b	1	1

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Child	en,	Incorporated								54-07	6151	0		
Par	tΙ	Reason f	or Public Cha	rity Status (All orga	nization	s must c	complete	this pai	rt.) See i	nstructio	ons.			
The c	raa			ation because it is: (Fo										
	_			· · · · · · · · · · · · · · · · · · ·		_				١.				
		☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
								70/51/41/	A\/:::\					
				spital service organiza						\/L\/d\/A\	/:::\	Catas:	46.0	
4	Ш			on operated in conjun	ction witr	ı a nospı	iai descrii	oea in se	Ction 170	J(D)(1)(A)	(III).	Enter	ırıe	
	_		ne, city, and stat											
5			on operated for)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal u	nit des	scrib	ed in
6	\Box	-		nment or government	al unit de	scribed u	n section	170(h)(1)(Δ)(v)					
		An organization	on that normally	receives a substantia	al part of					nt or fror	n the	gene ;	eral p	ublic
8	П			(A)(vi). (Complete Par n section 170(b)(1)(A	•	nolete Pa	art II.)							
9	_			receives: (1) more that				om contri	hutions	members	shin :	fees :	and c	ıross
·	_			d to its exempt funct										
				ent income and unre										
				ifter June 30, 1975. Se						11 511 16	ι λ) ΙΙ	OIII D	uonic	3503
	_		_						-					
		_	-	l operated exclusively		•	-							
11	\Box			nd operated exclusive										
			•	olicly supported organdescribes the type of				,					e se c	tion
		a Type I	b Type	• •		-		-	Type III-N		_		orate	d
۵		- ,.		that the organization		-	-		• -			-	-	
•	ш			ers and other than one										
		or section 509	_	as and other than one	e or more	Publicly	Support	eu organi	izalions c	iescribec	1 111 3	ection	1 303	(4)(1)
														_
f				a written determination	on from	the IRS	that it is	a Type	ı, type i	i, or Typ	e III	supp	ortin	g _
		•	check this box .								•			Ш
g		Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	1				
		(i) A person v	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	described	d in (ii) ai	nd	Γ	Yes	No
				ody of the supported (·			Г	11g(i)		
				on described in (i) abo	-						P	11g(ii)		
		-		a person described in								11g(ui)		
h				on about the support							Ľ	i ig(m)		
h				I	T		1		<u> </u>		l			
(1)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify nization in	(vi) I organizat	s the	(vii) A	Amount		netary
	Oit	ganization		(described on lines 1–9 above or IRC section	in col (i) listed in your governing document?			of your		zed in the	support			
				(see instructions))			supp	oort?	U	S ?]			
					Yes	No	Yes	No	Yes	No		_		
A)														
~,									•					
B)														
									L					
C)														_
							ļ	<u> </u>			-			
D)					<u></u>									
E)														
			· - ·											
Fotal							1		1		1			

18

Part							
	(Complete only if you checked th						alify under
Cast	Part III. If the organization fails to	quality unde	r the tests lis	ted below, p	lease comple	te Part III.)	
	ion A. Public Support	(-) 0000	(h) 0000	(-) 0010	(4) 0011	(a) 2012	(6) Total
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6 201 511	E 767 655	6 224 971	4,930,946	4,525,034	27,740,017
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	6,281,511	5,767,655	6,234,871	4,530,546	4,020,034	27,740,017
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,281,511	5,767,655	6,234,871	4,930,946	4,525,034	27,740,017
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		eci.				27,740,017
Secti	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	6,281,511	5,767,655	6,234,871	4,930,946	4,525,034	27,740,017
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,004	48,912	52,671	17,095	67,032	290,714
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,006					4,006
11	Total support. Add lines 7 through 10						28,034,737
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for th	•	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her						<u> </u>
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6		•	1, column (f))		14	98.94 %
15	Public support percentage from 2011 Sch					15	98.45 %
16a	331/3% support test—2012. If the organiz						
b	box and stop here. The organization qual 33 ¹ / ₃ % support test—2011. If the organicheck this box and stop here. The organic	nization did no	t check a box	on line 13 or	16a, and line		. ► ☑ or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization)12. If the orga ets the "facts-a	nization did no and-circumstar	ot check a box nces" test, che	on line 13, 16 eck this box an	id stop here. E	ine 14 ıs xplaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	ion meets the eets the	facts-and-cir. and-circumst-	cumstances" ances" test. TI	test, check th he organization	is box and sto	p here.

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

(Complete only if you checked the box on line 9 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.)

	on A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise			1			
	sold or services performed, or facilities furnished in any activity that is related to the					ļ	
	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			1	:		
	organization without charge						
6	Total. Add lines 1 through 5		•				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		<u> </u>]
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	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			i			
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		:	ļ			
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	,					
	(Explain in Part IV.)	<u> </u>					
13	Total support. (Add lines 9, 10c, 11,					ļ	
	and 12.)						L
14	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop her			<u> </u>	<u> </u>		<u> </u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8					15	%
16	Public support percentage from 2011 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (I			-		17	<u>%</u>
18	Investment income percentage from 2011					18	%
19a	331/3% support tests—2012. If the organi						
_	17 is not more than 33½%, check this box					_	_
b	331/3% support tests—2011. If the organiz						
20	line 18 is not more than 331/3%, check this to	-	_	•	•		

schedule A (F	-orm 990 or 990-E2) 2012	rage 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	•••••••••••••••••••••••••••••••••••••••	
		 -
	······································	
	······································	
	·····	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization 54-0761510 Children, Incorporated Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure □ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . . 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ▶ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Page	2

Part	III Organizations Maintaining					
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her records, che	eck any of the follo	owing that are a s	ignificant use of its
а	☐ Public exhibition		d 🗌 Loa	n or exchange pro	grams	
b	Scholarly research		e 🗌 Oth	er		
¢	☐ Preservation for future generations					_
4	Provide a description of the organizat	ion's collections a	and explain how	they further the o	rganızation's exen	npt purpose in Part
_	XIII.					
5	During the year, did the organization					
	assets to be sold to raise funds rather		· · · · · · · · · · · · · · · · · · ·			
Part	Escrow and Custodial Arra	_	•	ganization answ	erea "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amoun			for contributions	ar ather essets se	
1a	is the organization an agent, trustee, included on Form 990, Part X?		•			
_	If "Yes," explain the arrangement in Pa					∐ Yes ∐ No
b	ii res, explain the arrangement in Pa	art Alli and comple	ete the following	table:	Α.	mount
С	Beginning balance			⊢	c	
d	Additions during the year			_	d	
e	Distributions during the year				е	
f	Ending balance				lf	
2a	Did the organization include an amour					☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa	•	•			
Par						
		(a) Current year	(b) Prior year		(d) Three years back	
1a	Beginning of year balance	572,347	219,78	8 100,000	100,000	100,000
b	Contributions		352,55			100,000
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs				}	
f	Administrative expenses					
g	End of year balance [572,347	572,34	7 219,78	100,000	100,000
2	Provide the estimated percentage of the	he current year en	d balance (line 1	g, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨	%			
b		.00%				
С	Temporarily restricted endowment ▶	%				
_	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	possession of the	ie organization t	hat are held and a	dministered for th	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
_	If "Yes" to 3a(II), are the related organi.					3b
4	Describe in Part XIII the intended uses					
Part		····				4 B B 1
	Description of property	(a) Cost or ot	1 , ,		Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
C	Leasehold improvements					
d	Equipment		156,132		99,887	56,245
Θ.	Other					
Total.	Add lines 1a through 1e. (Column (d) m	oust equal Form 99	90, Part X, colun	nn (B), line 10(c).)	. .	56,245

Part VII	Investments-Other Securit	ies. See Form 990, Part X	, line 12.	
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia	al derivatives			
(2) Closely-	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	***************************************			
(F)				
(G)		****		
(H)		····		
(I)		***************************************		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12.	>		
Part VIII			ζ, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of v. Cost or end-of-year	
(1)			-	
(2)				
(3)				
(4)				
(5)		- 		
(6)	· · · · · · · · · · · · · · · · · · ·			······································
(7)			 	
(8)				· · · · · · · · · · · · · · · · · · ·
			-	
<u>(9)</u> (10)				
	(b) must equal Form 990, Part X, col. (B) line 13)	D		
Part IX	Other Assets. See Form 990,			
		(a) Description		(b) Book value
(1)				1.
(2)			· · · · · · · · · · · · · · · · · · ·	-
(3)				
(4)			· ····································	
(5)	- · · · · · · · · · · · · · · · · · · ·			
(6)	 			
(7)	·			
(8)				
(9)				
(10)	·			
	umn (b) must equal Form 990, Part)	(, col. (B) line 15.)		
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)			_	
(4)	* -	<u> </u>		
(5)			-	
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(h) must equal Form 000. Day V and (D) line 05 \			
	(b) must equal Form 990, Part X, col. (B) line 25.)		receive to the second state of the second stat	A
	SC 740) Footnote. In Part XIII, provide t ncertain tax positions under FIN 48 (AS			

Scriedu	10 D (POIN 990) 2012			raye =
Par	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	er Return	
1	Total revenue, gains, and other support per audited financial statements		. 1	4,592,066
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	4,592,066
Part	XII Reconciliation of Expenses per Audited Financial Statem			
1	<u> </u>		. 1	3,975,831
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	j	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	3,975,831
Part	XIII Supplemental Information			
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4	Part IV, lines	1b and 2b;
Part V	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b	. Also complete this part	to provide ar	y additional
ınform	ation.			
Part V	line 4: Three contributions made in prior years established permanent endow	ments for the amount of th	ne contribution	ıs,
with in	vestment earnings to be used to provide funding for supplies and services to	meet the basic and educat	tional needs	
of imp	overished children.			

Schedule D (For	orm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
••••••		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

Children, Incorporated

Employer identification number
54-0761510

Form 990, Part VI, section B, line 11b: The Form 990 was prepared by a Board member who is a CPA and a partner

in a CPA firm and reviewed by a section B, line 11b: The Form 990 was prepared by a Board member who is a CPA and a partner

in a CPA firm and reviewed by another Board member who is a CPA and a partner in a CPA firm, by the firm that audited the financial
statements, by the President and Chief Executive Officer, and by the Treasurer.
Form 990, Part VI, section B, line 12c: The organization regularly and consistently monitors and enforces compliance
with the conflict of interest policy. The Board is small, with only six members, and monitoring consists of regular
discussions and review of transactions by the Board Chair.
Form 990, Part VI, section B, line 15a: The Board Chair and Vice Chair evaluate the performance of the President
and Chief Executive Officer annually. His compensation is based on an evaluation of facts and circumstances.
Form 990, Part VI, section C, line 17: VA, AL, AK, AZ, CA, CT, FL, IL, ME, MD, MA, MI, MN, NH, NJ, NY, NC, ND, OH, OK,
OR, PA, RI, SC, TX, UT, WA, WV, WI
Form 990, Part VI, section C, line 19: The organization makes its governing documents, conflict of interest policy,
and financial statements available upon request. It also makes its financial statements and Form 990 available
at www.childrenincorporated.org.
Form 990, Part XI, line 9: During the year ended June 30, 2012, the Board of Directors of Children, Incorporated began a
detailed analysis of the organization's activities and its financial reporting. Through that analysis, the Board identified misstatements
that were adjusted retrospectively during the year ended June 30, 2012. It also led to the identification of two additional misstatements
that were adjusted retrospectively during the year ended June 30, 2013, increasing unrestricted net assets at the beginning of the year
by \$233,182, from \$3,633,470 to \$3,866,652, and increasing total net assets at the beginning of the year from \$4,205,817 to \$4,438,999. One
of the adjustments was to eliminate a \$269,682 liability that had been recognized for transfers to volunteer staff members of funding
for supplies and services for impoverished children. The other adjustment was to eliminate a \$36,500 asset that had been recognized
for expected recurring contributions.
a. Under accounting principles generally accepted in the United States of America, a liability should be recognized when it is probable
that the reporting entity will transfer assets to other entities as a result of past transactions or events. The transfer of funding to
volunteer staff members is not a transfer of assets to other entities because the volunteer staff members are part of Children,
Incorporated. The liability should not have been recognized.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
Children, Incorporated	54-0761510
and the state of the same and t	
contributions only if they are unconditional. The expected recurring contributions were not unconditional	·

······································	

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension	, complete	only Part I and ched	ck this box		▶ 🗹
• If you	are filing for an Additional (Not Automatic) 3-	Month Exte	nsion, complete on	ly Part II (on page 2 o	of this form).	
Do not	complete Part II unless you have already been	n granted an	automatic 3-month	extension on a previo	ously filed Forn	n 8868.
8868 to Return	nic filing (e-file). You can electronically file For oration required to file Form 990-T), or an additi- orequest an extension of time to file any of the for Transfers Associated With Certain Person tions). For more details on the electronic filing of	onal (not aut e forms liste nal Benefit (omatic) 3-month ext ed in Part I or Part II Contracts, which m	ension of time. You o with the exception oust be sent to the l	can electronica of Form 8870, IRS in paper	ally file Form Information format (see
Part	Automatic 3-Month Extension of Tin	ne. Only su	bmit original (no c	opies needed).		
A corp	oration required to file Form 990-T and required to file Form 990-T and required to the file of the fi	Jesting an a	automatic 6-month	extension—check th		🕨 🗖
All other	r corporations (including 1120-C filers), partner	ships, REMI	Cs, and trusts must	use Form 7004 to red	quest an exten	sion of time
to file ir	ncome tax returns.					
				Enter filer's identifyir		
Туре о	Name of exempt organization or other filer, see	instructions.		Employer Identification	n number (EIN) (or
print	Children, Incorporated				-0761510	
File by th	Number, street, and room or suite no. If a P.O.	box, see instr	ructions.	Social security number	r (SSN)	
due date	for 4205 Dover Road					
filing your return. Se		or a foreign a	ddress, see Instruction	is.		
Instructio						
Enter th	e Return code for the return that this application	n is for (file a	separate application	n for each return) .		. 0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	990 or Form 990-EZ	01	Form 990-T (corpo		07	
Form 9	990-BL	02	Form 1041-A		08	
Form 4	1720 (individual)	03	Form 4720		09	
Form 9		04	Form 5227			10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	990-T (trust other than above)	06	Form 8870		12	
Telepi	none No. ► Stephen D. Holton 804-521-3239 organization does not have an office or place of is for a Group Return, enter the organization's for	business in	the United States, c	heck this box		
for the v	whole group, check this box	If it is for par	t of the group, check	k this box	▶ ☐ and at	tach
	th the names and EINs of all members the exten	-	3 []			
	request an automatic 3-month (6 months for a		required to file Form	990-T) extension of t	ime	
t f	until February 17, 20, 14, to file the ex- or the organization's return for:					ension is
•	► ☐ calendar year 20 or					
	► tax year beginning July 1		12 , and ending	June 30		13 .
	f the tax year entered in line 1 is for less than 12	months, che	eck reason: Linitia	ıl return 🔲 Final ret	tum	
	Change in accounting period	00 T 4700	COCO	ntativa tay Issa see		
r	f this application is for Form 990-BL, 990-PF, 990 onrefundable credits. See instructions.				3a \$	<u>-</u>
	this application is for Form 990-PF, 990-T,	•	•			
	estimated tax payments made. Include any prior				3b \$	
	Balance due. Subtract line 3b from line 3a. Inclu FTPS (Electronic Federal Tax Payment System)			it required, by using	3c \$	
Caution.	If you are going to make an electronic fund withdrawa	al with this For	m 8868, see Form 845	3-EO and Form 8879-E		nstructions.

Form 886	8 (Rev. 1-2013)						Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check thi	s box		>	X
	ly complete Part II if you have already been granted an				8868.		
	are filing for an Automatic 3-Month Extension, comple						
Partell				al (no c	opies ne	eded).	
* 150 DAG 0 50			Enter filer's				tructions
Type or	Name of exempt organization or other filer, see instru	etions	Enter more				er (EIN) or
print	Name of exempt organization of other mer, see instructions				2		
File by the	CHILDREN INCORPORATED			54-0761510			
due date for				Social se	Social security number (SSN)		
filing your	420E POWER POAR			00014130	carry ria	11001 (0011)	,
return See Instructions			free constructions	L			
	City, town or post office, state, and ZIP code. For a for RICHMOND, VA 23221	oreign auc	ress, see mandenons.				
	RICHIOND, VA 23221						
							01
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)				
Annalis at			Application				D-4
Application			Application				Return Code
Is For			Is For	THE MICHAEL CONTRACTOR VINE OF			
Form 990 or Form 990-EZ			CONTRACT LEGIS R. ACCE AN LIMENTING THE TO MILE OF DRIVE ST. MC	THE POPULATION	院中国	国际行为中国的	08
Form 990-BL			Form 1041-A				
Form 4720 (Individual)			Form 4720				
Form 990-PF			Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				11
Form 990-T (trust other than above)			Form 8870 12				12
STOP! Do	not complete Part II if you were not already granted		natic 3-month extension on a prev	dously file	d Form 8	8868.	
	STEPHEN D. HOLT		TOTOLOGO 113 02001				
	oks are in the care of \(\bigsim \frac{4205}{2000} \text{ DOVER ROAI} \)) - R.					
-	one No. ► 804-521-3239		FAX No. >			-	
	rganization does not have an office or place of business						
_	s for a Group Return, enter the organization's four digit						
box 🕨 L	If it is for part of the group, check this box 🕨 📖		ch a list with the names and EINs o	f all memb	ers the ex	tension is	for.
	quest an additional 3-month extension of time until		15, 2014	~~~	- 20	0040	
	For calendar year, or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013						
6 If th	If the tax year entered in line 5 is for less than 12 months, check reason:						
<u> </u>	Light Change in accounting period						
	te in detail why you need the extension						
	DDITIONAL TIME IS REQUESTED IN ORDER TO OBTAIN INFORMATION NECESSARY						
<u>TO</u>	PREPARE A COMPLETE AND ACCU	JRATE	TAX RETURN.				
				т-			
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei	nter the tentative tax, less any				•
non	onrefundable credits. See instructions.				\$		0.
b If the	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid						_
pre	viously with Form 8868.			8b	\$		0.
c Bala	ance due. Subtract line 8b from line 8a. Include your pay	yment witl	h this form, if required, by using		l		_
EFTI	PS (Electronic Federal Tax Payment System). See instru			8c	\$		0.
	-		t be completed for Part II o	-			
Under penal	lties of perjury, I declare that I have examined this form, includi	ng accomp	anying schedules and statements, and to	the best of	my knowle	edge and be	li ef ,
n is ifue, co	rrect, and complete, and that I am authorized to prepare this for	rm.					
Signature	Title ▶ C	PA		Date	>		<u></u>
					Form	n 8868 (Re	v. 1·2013)