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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 2013, and ending July 1 June 30 20 14 C Name of organization Children, Incorporated D Employer identification number Check if applicable Address change Doing Business As 54-0761510 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 804-359-4562 City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return Richmond, VA 23221 G Gross receipts \$ 4,153,386 F Name and address of principal officer. Stephen D. Holton, Board Chair H(a) Is this a group return for subordinates? Tyes Ves No. Application pending H(b) Are all subordinates included? Yes No 4435 Waterfront Drive, Suite 200, Glen Allen, VA 23060 If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status www.childrenincorporated.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association ☐ Other ► L Year of formation M State of legal domicile. VA Part I Briefly describe the organization's mission or most significant activities: To arrange and provide funding for supplies Activities & Governance and services to meet the basic and educational needs of impoverished children. Check this box ► 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) 6 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 18 375 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 4,029,371 4,525,034 Program service revenue (Part VIII, line 2g) n 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 67,032 124,015 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,592,066 4,153,386 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 896,207 860,366 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX; column (A), lines 11a-11b, 11f-24e) 3,079,624 3,336,181 Total expenses. Add lines 13 untimust equal Part IX, column (A), line 25) 18 3,975,831 4,196,547 Revenue less expenses. Subtract line 18 from line 19 12 616,235 (43, 161)Beginning of Current Year End of Year 20 5,087,000 5,048,373 Total liabilities (Part X) line 26) 21 31,766 36,300 22 Net assets or fund balances: Subtract line 5,055,234 5,012,073 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 proparer (other) than officer) is based on all information of which preparer has any knowledge Sian Date Here 115 TIL SUMED OR STUPHEN Type or print name and title Print/Type preparer's name Preparer's signature Paid Check | If self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no

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 (2013)

| Form 99 | 0 (2013) | | Page 2 |
|---------|--|--|---|
| Part | | ervice Accomplishments ains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's | s mission: | |
| | | supplies and services to meet the basic and educational needs of imp | overished children. |
| | | | |
| 2 | Did the organization undertake ar prior Form 990 or 990-EZ? | ny significant program services during the year which were not list | ted on the |
| 3 | If "Yes," describe these new servi Did the organization cease con | | program |
| 4 | expenses. Section 501(c)(3) and | on Schedule O. ram service accomplishments for each of its three largest prograr 501(c)(4) organizations are required to report the amount of grant if any, for each program service reported. | n services, as measured by s and allocations to others, |
| 4a | (Code:) (Expenses \$ | 3,630,082 including grants of \$) (Revenue | \$) |
| | Arranging and providing funding fo 20,000 impoverished children in 300 | or supplies and services to meet the basic and educational needs of ap O locations, half in the United States and half in other countries. | proximately |
| | | | |
| | | | |
| | | | |
| 4b | | including grants of \$) (Revenue | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$) (Revenue | \$) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Other program services (Describe (Expenses \$ inclu | e in Schedule O.) uding grants of \$) (Revenue \$) | |
| 4e | Total program service expenses | 3,630,082 | • |

| Far | Checklist of Required Schedules | | 1 | |
|------|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | Yes | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 1 2 | 1 | ļ |
| 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 | | 1 |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 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 | | 1 |
| 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, VIII, IX, or X as applicable. | 41 | | , |
| 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 | 1 | |
| 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 | | 1 |
| С | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| | 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 | | ✓ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| | 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 | | 1 |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 | |
| | 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 | · | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓_ |
| J | 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 20 a | | 20a | | 1 |
| _ b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |

| Part | Checklist of Required Schedules (Continued) | | | · |
|----------|---|------------|-------------|----------|
| 04 | Delther are reduced at the OF 000 for the U.S. of the | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants or 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 | | 1 |
| 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 25a | 24a | | 1 |
| | 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 | | 1 |
| 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 | 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 so, 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 | | 1 |
| 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 | | <u>,</u> |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 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 | | ✓ |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | | |
| 37 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | √ |
| 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 | ✓ | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----------|---|---------|----------|------------------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | - | ۲ | } |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable , 1b 0 | 1 | . ' | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | الأوالوفية ليكاد |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | V | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 18 | | ' | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | 1 | |
| | 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 | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | |) | , |
| | account)? | 4a | | ✓ |
| 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. | ' | | 1 |
| E 0 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | *** | استعدد |
| 5a b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | V |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | P | | hi. |
| 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? | أدراسها | | فيسمو عدل |
| L | | 7a | | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| • | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | . 1 |
| ө | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7е | | √ |
| 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 | 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 |] | 1 1 | .] |
| | 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? | | | |
| 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 | | | |
| 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: | | 1 | 1 |
| a b | Gross income from members or shareholders | , | | |
| - | 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 | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | ļ | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule 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 | | | |
| _ | 100 | | | , |
| C 1/12 | Enter the amount of reserves on hand | 14a | | 1 |
| ı7d h | bid the organization receive any payments for indoor tanning services during the tax year 7 | 1/16 | | <u> </u> |

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|-------------|--|----------------|----------|--------------|----------------|--|--|--|--|--|
| Part | | | | | | | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | <u> </u> | • | <u>. 🔽</u> | | | | | |
| Secti | on A. Governing Body and Management | | | Yes | No | | | | | |
| 10 | Enter the number of voting members of the governing body at the end of the tax year | , | | res | NO | | | | | |
| Id | Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or | 6 | 4 | | | | | | | |
| | If the governing body delegated broad authority to an executive committee or similar | | 1 | | ; | | | | | |
| | committee, explain in Schedule O. | | - | | [] | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | 6 | | | 1 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relation | | 7 | | | | | | | |
| | any other officer, director, trustee, or key employee? | | 2 | | 1 | | | | | |
| 3 | , | | | | | | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other pers | | 3 | | ✓ | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | | 4 | | / | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets?. | 5_ | | V | | | | | |
| 6 7a | Did the organization have members or stockholders? | · · · | 6 | | / | | | | | |
| ı a | one or more members of the governing body? | | 7a | | 1 | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) | | 1 'a | | | | | | | |
| - | stockholders, or persons other than the governing body? | | 7b | | ✓ | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertak | en during | | | | | | | | |
| | the year by the following: | _ | } | | i i | | | | | |
| а | The governing body? | | 8a | ✓_ | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | | 1 | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r | | | | ١. | | | | | |
| Conti | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | 20/21 | <u> </u> | | | | | |
| Secu | on B. Policies (This Section B requests information about policies not required by the Inter | nai Rever | iue C | Yes | No | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | 103 | 1.7 | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such | chapters. | 104 | | • | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt pur | | 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 | 1 | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | ✓ | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | | 12b | ✓ | <u> </u> | | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? | If "Yes," | | | | | | | | |
| 40 | describe in Schedule O how this was done | | 12c | / | - | | | | | |
| 13 14 | Did the organization have a written whistleblower policy? | | 13 | 1 | ├ | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and ap | | 14 | <u> </u> | | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and d | | | | ļ | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | 1 | | | | | | |
| b | Other officers or key employees of the organization | | 15b | | 1 | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | |
| 16a | • | | | | | | | | | |
| | with a taxable entity during the year? | | 16a | | <u> </u> | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to exparticipation in joint venture arrangements under applicable federal tax law, and take steps to safe | | | | | | | | | |
| | organization's exempt status with respect to such arrangements? | | 16b | | j | | | | | |
| Secti | on C. Disclosure | - | 100 | | <u> </u> | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O for a ful | l list of stat | es. | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | | | c)(3)s | only) | | | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | • | • | | -, | | | | | |
| | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule | • | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | onflict of inf | erest | policy | /, and | | | | | |
| | financial statements available to the public during the tax year. | | - 6 | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books a | nd records | of the | : | | | | | | |
| | organization: ► Stephen D. Holton, 4435 Waterfront Drive, Suite 200, Glen Allen, VA 23060; 804-521-3239 | | | | | | | | | |

| • | • | |
|------|-----|--------|
| Form | 990 | (2013) |

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

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

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

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

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

Charlethia bay if neither the apparient on any votated apparent of the control of the state of t

| Check this box if neither the organization no | r any relate | d org | anız | atic | n c | ompe | nsa | ited any currer | t officer, directo | r, or trustee. |
|---|--|--|-----------------------|----------------|--------------|------------------------------|------------|--|--------------------------------------|--|
| | | | | ((| C) | | | } | | |
| (A) | (B) | (B) Position (do not check more than one | | | | | | (D) | (E) | (F) |
| Name and Title | Average hours per week (list any | box, office | unies er and | ss pe d a d | rson | is both or/trus | an tee) | Reportable compensation from | Reportable compensation from related | 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 | 10 | , | | 1 | | | | | | |
| Chair | | - | ├ | 1 | | | | 0 | 0 | 0 |
| (2) James K. Walker Vice Chair | 2 | 1 | | 1 | | l | | 0 | 0 | <u> </u> |
| (3) Keith R. Dull | 1 | | | |] | | _ | | | |
| Treasurer | | 1 | | ✓ | | <u> </u> | | <u> </u> | o | 0 |
| (4) Mana Behbin | 1/2 | | | | _ | | | | | |
| Director | | ✓ | | | L | Ĺ | | O | 0 | 0 |
| (5) Carolyn Brown Director | 1/2 | 1 | | | | | | 0 | 0 | 0 |
| (6) Henry Gonzalez | 1/2 | | | | \Box | | | | | |
| Director | | ✓ | | | | | | o | 0 | 0 |
| (7) Ronald H. Carter | 40 | | | | | | | | | |
| President and CEO | | | L | ✓ | ļ | | | 75,791 | 0 | 0 |
| (8) | | | | | | | | | | |
| (9) | | | | | | - | - | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | - | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, Trust | tees, Key E | mplo | /ees | s, aı | nd F | lighe | st C | ompensated E | mployees (co | ontinu | ıed) | | |
|-------------|--|-------------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------------|----------------------|----------------------------|----------|-------------|-------------------|--------|
| | | | | | • | C) | | | | | Ì | | | |
| | (A) | (B) | (do n | ot ch | | ition | e than o | 200 | (D) | (E) | } | 0 | F) | |
| | Name and title | Average | | | | | is both | | Reportable | Reportable | | | nated | |
| | | hours per week (list any | office | r and | | lirect | or/trus | | compensation from | compensation to related | rom | | unt of her | |
| | | hours for | or Ind | Inst | Officer | ₹ | ag. | Former | the | organization | | | nsation | |
| | | related | Individual trustee or director | Institutional trustee | ger | Key employee | oloy | mer | organization | (W-2/1099-MI | SC) | | n the | |
| | | organizations below dotted | tor tall | ona | | 탕 | 8 8 | | (W-2/1099-MISC) | Į | į | | ization elated | |
| | | line) | ıst | 쿨 | İ | èe | npe | | İ | | | organi | zations | |
| | | 1 | 6 | stee | Ì | | Highest compensated employee | | |) | ĺ | | | |
| | | <u> </u> | | | _ | _ | 8. | _ | | | - | | | |
| (15) | | | ĺ | | ļ | | ļ | ļ | 1 | | Į. | | | |
| | | | | | | | | | ļ | | - | | | |
| (16) | | <u>,</u> | 1 | | | | 1 | | 1 |) | Ì | | | |
| | | | | _ | <u> </u> | ļ | | | <u> </u> | | | | | _ |
| (17) | | | 1 | | Į | ļ | ļ | | 1 | l | - [| | | |
| 41.5 | | | | | ļ | ļ | | | | | \dashv | | | _ |
| <u>(18)</u> | | } | } | | | 1 | 1 | 1 | 1 |) | Ì | | | |
| (15) | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> | - | | - | | ļ | | | | |
| (19) | | ļ | | | l | | ļ | l | 1 | | | | | |
| (0.0) | | ļ | <u> </u> | | ļ | | | | ļ | | | | | _ |
| (20) | *************************************** | } | | | | 1 | • | | | 1 | ľ | | | |
| (04) | | | | | | - | | ┝ | | | | | | |
| (21) | | ļ | | | [| | l | | ĺ | | | | | |
| (22) | | | - | | <u> </u> | _ | | - | | | | | | _ |
| (22) | | | 1 | | 1 | |) | 1 | 1 | | Ì | | | |
| (23) | | | | _ | - | - | | | | | | | | _ |
| (23) | | ł | (| | | | | | Į | | | | | |
| (24) | | | | - | | - | | | | | | | | _ |
| 124) | | | | | | ļ | ! | İ | [| | | | | |
| (25) | | | | | - | | | - | | | -+ | | | _ |
| 329/ | | | | | | l | ļ | | į | 1 | | | | |
| 1b | Sub-total | | | | | L | L | • | 75,791 | <u> </u> | 0 | | | 0 |
| c | Total from continuation sheets to Part | VII. Sectio | n A | | • | • | • | . | 75,751 | | 0 | | | 0 |
| d | Total (add lines 1b and 1c) | | | | • | | • | . | 75,791 | | 0 | | | Ö |
| 2 | Total number of individuals (including but | | | | | | | w le | | ore than \$100 | |) of | | _~ |
| _ | reportable compensation from the organi | | | - | , 1101 | | 4000 | , ** | 110 10001400 111 | 310 111411 410 | 3,000 | , 01 | | |
| | | | | | | | | | | | | - 1 | Yes No | _) |
| 3 | Did the organization list any former of | ficer, direc | tor, o | r tr | uste | еe, | key e | emp | loyee, or high | est compen | sated | | | |
| | employee on line 1a? If "Yes," complete S | | | | | | | | | | | 3 | 7 | |
| 4 | For any individual listed on line 1a, is the | sum of rep | oortat | ole d | com | per | nsatio | n a | nd other comp | ensation froi | n the | | | 7 |
| | organization and related organizations | | | | | | | | | | | | | |
| | ındıvidual | | | | | | | | | | | 4 | 1 | |
| 5 | Did any person listed on line 1a receive of | | | | | | | | | ation or indiv | /idual | 1 | | - |
| | for services rendered to the organization? | ? If "Yes," c | ompl | ete . | Sch | edu | ıle J f | or s | uch person | . <u></u> . | • | 5 | ✓ | |
| Section | on B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest of | | | | | | | | | | | | | |
| | compensation from the organization. Rep | ort compe | nsatio | n fo | or th | e c | alend | ar y | ear ending wit | h or within th | e org | janizatioi | า's tax | |
| | year. | | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | | |
| | Name and business add | | | | | | | | Description of se | 21 VICUS | | Compensa | | _ |
| | | | | | | | | | | <u></u> | | | | _ |
| | | | | _ | | | | | | | | | | _ |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | _ |
| | Total number of independent contracto | re (includin | na bu | t n | ot i | ımı+ | od to | th | osa listad aba | Wal who | | | | - |
| _ | received more than \$100,000 of compens | | | | | | | | | ,, o, will | | | | 1 |
| | | | | 5000 | 4 | | - | | 0 | 1 | | | | • |

| 1-611 | | Statement of Revenue Check if Schedule O contains a response or note t | o any line in this | Part VIII | | <i>.</i> . \square |
|--|---------------|--|--|--|---|--|
| | , , | The state of the s | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| s, Grants Amounts | 1a b c | Federated campaigns 1a Membership dues 1b Fundraising events 1c | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d e f | Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, | | | | |
| | g h | And similar amounts not included above 1f 4,029,371 Noncash contributions included in lines 1a-1f, \$ Total. Add lines 1a-1f | 4,029,371 | | | |
| Program Service Revenue | 2a b | Business Code | ************************************** | | الطفاعدة أعيب أغدمه مديد | America de la Company |
| ıram Servic | d e | All other program and its respective | | | | |
| Prog | g | All other program service revenue . Total. Add lines 2a-2f | 4,029,371 | | L | gerter gerter |
| | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶ | 124,015 | | | |
| | 5 6a | Royalties | , | i V | | 10 TH |
| | b c d | Less: rental expenses Rental income or (loss) | for any angular 1 . S. | 1 2/96 6 | H H H H H H H H H H H H H H H H H H H | The second is the second secon |
| | 7a | Net rental income or (loss) | | | | |
| | b c | and sales expenses . Gain or (loss) . | The state of the s | ار درساسه های معلق در دب | and some of the desirence and the | Ada |
| une | d 8a | Net gain or (loss) | | | | |
| Other Revenue | | events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 1 | | · " | |
| ð | С | Less: direct expenses b Net income or (loss) from fundraising events . ▶ Gross income from gaming activities. See Part IV, line 19 a | | | | |
| | С | Less: direct expenses b Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances a | 10 k ma 14 lmg. a m | 1 | a con reputation of the same | |
| | ь с_ | Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code | norman and a community of some section. | | | Assault Ent. State of the State |
| | 11a b c | | | Standinger day & scalarab | | |
| | d e 12 | All other revenue | 4.153.386 | | | |

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). \square Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses Program service expenses 8b. 9b. and 10b of Part VIII. 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 . . . Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 800,981 496,608 248,304 56,069 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 36,819 18,409 4,157 59,385 40,862 20,431 4,613 10 Payroll taxes 65,906 11 Fees for services (non-employees): Management а Accounting Ы Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . Advertising and promotion 12 162,536 162,536 7,184 13 Office expenses 1,796 35,920 26,940 14 Information technology 15 16 62,372 46,779 12,474 3,119 17 25,230 21,446 2,523 1,261 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 22 Depreciation, depletion, and amortization . 941 235 4,703 3,527 23 3,434 858 17,170 12,878 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Supplies and services 2,826,846 2,826,846 Bank and credit card fees 63,011 63,011 Professional fees 45,082 33,812 9,016 2.254 C d All other expenses 27,405 20,554 5,481 1,370 е Total functional expenses. Add lines 1 through 24e 4,196,547 3,630,082 328,197 238,268 25 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X **7** (A) (B) Beginning of year End of year Cash—non-interest-bearing 1.962.081 1,410,691 2 2 50.565 50,614 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 551,077 b Less: accumulated depreciation 10b 104,590 56,245 10c 446,487 11 Investments—publicly traded securities 11 3,018,109 3,140,581 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments—program-related, See Part IV, line 11. 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 5,087,000 5,048,373 17 Accounts payable and accrued expenses 17 31,766 36,300 18 Grants payable 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 31,766 36,300 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 4,482,887 4,439,726 28 Temporarily restricted net assets . . . 28 29 Permanently restricted net assets 29 572,347 572,347 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 Retained earnings, endowment, accumulated income, or other funds . 32 32 33 5,055,234 33 5,012,073 34 Total liabilities and net assets/fund balances . . 5,087,000 5,048,373 Form **990** (2013)

| Page | 1 | 2 |
|------|---|---|
| rauu | | • |

| i Oilii S | 30 (2013) | | | r c | aye 🕰 |
|-------------|--|-----------|-----------------|-----------------|-------------|
| Par | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u>.</u> | | . 🗆 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 53,386 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 4,19 | 96,547 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | (4 | 3,161) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [| 4 | | 5,0 | 55,234 |
| 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 | | | |
| 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 | 12,073 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u> </u> | | |
| | | | | 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," exp Schedule O. | lain ir | 1 [25] | | |
| _ | | | all the same | -identifica- | |
| 2a | The same of the sa | | | | √ |
| | 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: | iled oi | r fil in | ' ر | |
| | | | | 1100 | |
| L | Separate basis Consolidated basis Both consolidated and separate basis | | | el Language des | المحملات |
| D | Were the organization's financial statements audited by an independent accountant? | | 2b | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: | on a | 1 | | , |
| | | | | 1 | 1 |
| С | Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ovi | ava abi | | 36.375 SHORE 34 | الأشا للعسم |
| · | of the audit, review, or compilation of its financial statements and selection of an independent accour | | | , | |
| | If the organization changed either its oversight process or selection process during the tax year, exp | | | | |
| | Schedule O. | лант н |) [[] | | 1 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set f | orth in | . | | |
| Ju | the Single Audit Act and OMB Circular A-133? | Ortif III | ՝ _{3a} | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | | | <u> </u> |
| ~ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | dits. | 3b | | |
| | | | | 290 | (2013) |
| | | | 1 011 | | (-0.0) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name | of the organization | | | | • | | | Employer I | dentification | on number | |
|-------------|---|---|---|----------------------------------|---|---------------------|--|-------------------------|--|-------------------------------|--|
| | ren, Incorporated | | | | | | | | | 761510 | |
| Pa | | | rity Status (All orga | | | | | | ınstructi | ions. | |
| 1 2 3 | ☐ A church, cor ☐ A school desc ☐ A hospital or a | evention of churc cribed in section a cooperative ho | ation because it is: (For thes, or association of a 170(b)(1)(A)(ii). (Attac spital service organiza | churche ch Sched ation des | s describ lule E.) cribed in | section | etion 170 170(b)(1) | (b)(1)(A)((A)(iii). | | Mary Establish | |
| 4 | hospital's nan | ne, city, and stat | | | • | | | | | | |
| 5 | section 170(b | o)(1)(A)(iv). (Com | • | | | | | | overnmer | ntal unit descril | oed in |
| 6 7 | ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | |
| 8 | A community | trust described i | n section 170(b)(1)(A |)(vi). (Co | mplete Pa | art II.) | | | | | |
| 9 | | | | | | | | | | | |
| 10 11 | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | | |
| e | other than fou or section 509 | ındation manage 9(a)(2). | II c Type II that the organization ers and other than one written determination | is not co e or more | ntrolled o | directly of support | r ındirectl ed organ | y by one izations o | or more described | d in section 50 | ersons 9(a)(1) |
| • | organization, | check this box | · · · · · · · · · · · | | | | a Type | i, type | ii, or Ty | pe III supportii | ng . 🗇 |
| g | | 17, 2006, has t | he organization accep | | gift or c | ontributio | on from a | iny of the | ∍ | | . Ц |
| | (i) A person | who directly or i | ndirectly controls, eithody of the supported | her alone organizat | or toget | her with | persons | describe | d in (ii) a | nd Yes | No |
| | | | on described in (i) abo | | | | | | | 11g(ii) | |
| | | | a person described in | | | | | | | . 11g(III) | |
| h | | | on about the support | | | | | | | 3 | ···· |
| (1) | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | in col (i) lis | organization sted in your document? | the orgai | ou notify nization in of your port? | organizat (i) organi | Is the tion in col ized in the S.? | (vii) Amount of mo support | onetary |
| | | | | Yes | No | Yes | No | Yes | No | | |
| (A) | | | _ | | | | | | | | |
| (B) | | | | | | l | | | | | |
| (C) | | | | | | | | | | | |
| D) | | | | | | | | | | | |
| E) | | | | | | | | | | | |
| | | | * , | | | | | | | | |

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.)

| Secti | on A. Public Support | | | | | | | |
|-----------|---|--------------------------------|---------------------------------|---------------------------------------|-----------------------------------|---|-----------------------------|--|
| Calen | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 5,767,655 | 6,234,871 | 4,930,946 | 4,525,034 | 4,029,371 | 25,487,877 | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 5,767,655 | 6,234,871 | 4,930,946 | 4,525,034 | 4,029,371 | 25,487,877 | |
| 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. | | | · · · · · · · · · · · · · · · · · · · | 1 1 | | 25,487,877 | |
| Secti | on B. Total Support | | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total | |
| 7 | Amounts from line 4 | 5,767,655 | 6,234,871 | 4,930,946 | 4,525,034 | 4,029,371 | 25,487,877 | |
| 9 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 48,912 | 52,671 | 17,095 | 67,032 | 124,015 | 309,725 | |
| 3 | 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.) | | 1 | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | 111 | 11-1 | 25,797,602 | |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | 0 | |
| 13 | First five years. If the Form 990 is for the | • | | | • | | | |
| | organization, check this box and stop here | | | | | | | |
| | on C. Computation of Public Suppor | | | | | | | |
| 14 | Public support percentage for 2013 (line 6 | | - | | | 14 | 98.80 % | |
| 15 162 | Public support percentage from 2012 Sch 33 ¹ /3% support test—2013. If the organization | | | | | 15 | 98.94 % | |
| 10a | | | | | | | | |
| b | box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 17a | 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m | on meets the eets the eets the | "facts-and-cir -and-circumst | cumstances" ances" test. Th | test, check th ne organization | is box and st on n qualifies as a | and line p here. publicly | |
| 18 | supported organization | | | | | | | |
| | instructions | | • | | | | | |

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.)

| | If the organization fails to qualify | under the te | sts listed belo | ow, please co | omplete Part | II.) | |
|-------|--|----------------|------------------|------------------|--|-----------------------|-------------|
| Secti | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 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 | | | | | ĺ | |
| | furnished by a governmental unit to the | | | | | | |
| | 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 | | | | | | |
| | Add lines 7a and 7b | | | | ,,, | I least in the second | |
| 8 | Public support (Subtract line 7c from | |] | | | | |
| | line 6.) | | 1 | | 1 10 10 11 11 11 11 11 11 11 11 11 11 11 | | L |
| | on B. Total Support | | | | 1 70 | | |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | ļ | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| | • | | | | | | |
| b | Unrelated business taxable income (less | | | | ľ | | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | 1 | | | | |
| _ | | | | | | | |
| _ | | | | | | <u> </u> | |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | 1 | | |
| 12 | Other income. Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| - • | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | e organization | n's first, secon | d. third. fourth | n, or fifth tax ve | ear as a section | n 501(c)(3) |
| | organization, check this box and stop her | | | | | | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2013 (line 8 | | | 3, column (f)) | | 15 | % |
| 16 | Public support percentage from 2012 Sch | | • | | | 16 | % |
| | on D. Computation of Investment Inc | | | | <u> </u> | | |
| 17 | Investment income percentage for 2013 (I | | | y line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2012 | | | - | | 18 | % |
| 19a | 331/3% support tests—2013. If the organi | | | | | 1 1 | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests-2012. If the organiz | | - | | | | |
| | line 18 is not more than 331/3%, check this b | | | | | | |
| 20 | Private foundation. If the organization did | d not check a | box on line 14, | , 19a, or 19b, | check this box | and see instru | ctions ▶ 🗌 |

| chedule A (| | age 4 |
|-------------|---|--------------|
| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions). | nd |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

| Name o | f the organization | | Employer identification number |
|--------|--|--|--|
| | en, Incorporated | | 54-0761510 |
| Par | | | ids or Accounts. |
| | Complete if the organization answere | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) . | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and do | | |
| | funds are the organization's property, subject to | o the organization's exclusive legal contro | ol? 🗌 Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors | | |
| | only for charitable purposes and not for the be | | |
| | conferring impermissible private benefit? | <u> </u> | · · · · · · · 🔲 Yes 🗌 No |
| Par | t II Conservation Easements. | | |
| | Complete if the organization answere | | |
| 1 | Purpose(s) of conservation easements held by t | | |
| | Preservation of land for public use (e.g., rec | reation or education) 🔲 Preservation of | f an historically important land area |
| | ☐ Protection of natural habitat | ☐ Preservation of | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization | n held a qualified conservation contribution | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easem | ents | 2b |
| С | Number of conservation easements on a certific | | |
| d | Number of conservation easements included | | on a |
| | historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, tr | ansferred, released, extinguished, or terr | minated by the organization during the |
| | tax year ► | | |
| 4 | Number of states where property subject to cor | | |
| 5 | Does the organization have a written policy | | |
| | violations, and enforcement of the conservation | | |
| 6 | Staff and volunteer hours devoted to monitoring | g, inspecting, and enforcing conservation | easements during the year |
| _ | | | |
| 7 | Amount of expenses incurred in monitoring, ins | pecting, and enforcing conservation ease | ements during the year |
| _ | \$ | | |
| 8 | Does each conservation easement reported on | | |
| _ | (i) and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization repor | | |
| | balance sheet, and include, if applicable, the ter | | iancial statements that describes the |
| | organization's accounting for conservation ease | | 011 0: 11 0 |
| Part | | | Other Similar Assets. |
| | Complete if the organization answere | | |
| 1a | If the organization elected, as permitted under | | |
| | works of art, historical treasures, or other sim public service, provide, in Part XIII, the text of the | | |
| | | | |
| b | If the organization elected, as permitted under works of art, historical treasures, or other sim | | |
| | | | |
| | public service, provide the following amounts re (i) Revenues included in Form 990, Part VIII, lin- (ii) Assets included in Form 990, Part X | nating to these items. | . • |
| | (i) Revenues included in Form 990, Part VIII, line | eı | 💆 🦫 |
| _ | (ii) Assets included in Form 990, Part X | and historical transports and all all the states | > \$ |
| 2 | If the organization received or held works of following amounts required to be reported under | | |
| _ | · · · · · · · · · · · · · · · · · · · | · · · · · · | |
| | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| D | Assets included in Form 990, Part X | | > S |

| 00.100 | | | | | | 1 490 |
|---------|---|---------------------|----------------------|---------------------|--------------------|--------------------------|
| | III Organizations Maintaining | | | | | |
| 3 | Using the organization's acquisition, collection items (check all that apply) | | her records, che | ck any of the fo | ollowing that are | a significant use of its |
| а | ☐ Public exhibition | | d □ Loar | or exchange p | rograms | |
| b | ☐ Scholarly research | | | | | |
| С | ☐ Preservation for future generation | s | | | | |
| 4 | Provide a description of the organiza | tion's collections | and explain how | they further the | organization's e | xempt purpose in Par |
| | XIII. | | | | | |
| 5 | During the year, did the organization assets to be sold to raise funds rathe | | | | | |
| Par | ESCROW and Custodial Arra | | | <u>_</u> | · · | |
| | Complete if the organization 990, Part X, line 21. | | " to Form 990, F | Part IV, line 9, | or reported an | amount on Form |
| 1a | Is the organization an agent, trustee | | | | | not |
| | included on Form 990, Part X? | | | | | · 📋 Yes 🗌 No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the following t | able: | 1 | |
| | | | | | | Amount |
| C | Beginning balance | | | | 1c | |
| d | Additions during the year | | | | 1d | ·-· |
| е | Distributions during the year | | | | 1e | |
| f | Ending balance | | | | 1f | |
| 2a | Did the organization include an amou | | | | | |
| | If "Yes," explain the arrangement in P | art XIII. Check her | e if the explanation | n has been pro | vided in Part XIII | <u> </u> |
| Par | | anamarad "Vas | " to Form 000 F |) IV | | |
| | Complete if the organization | (a) Current year | (b) Prior year | (c) Two years ba | | pack (e) Four years back |
| 1. | Paginning of year balance | | | · | | |
| 1a b | Beginning of year balance | 572,347 | 572,347 | | | ,000 100,000 |
| c | Net investment earnings, gains, and losses | | | 352, | 559 119 | ,788 |
| _ | | | | | | |
| d e | Grants or scholarships Other expenditures for facilities and | | | | | |
| C | programs | | | 1 | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | 572,347 | 572,347 | 572,3 | 147 | 700 400 000 |
| 2 | Provide the estimated percentage of t | | | | | ,788 100,000 |
| – a | Board designated or quasi-endowmen | | | y, column (a)) ne | as. | |
| b | | 0.00% | | | | |
| c | Temporarily restricted endowment ▶ | | | | | |
| • | The percentages in lines 2a, 2b, and 2 | | 0% | | | |
| 3a | Are there endowment funds not in the | e possession of th | e organization th | at are held and | administered for | the |
| | organization by: | - | g | | | Yes No |
| | (i) unrelated organizations | | | | | . 3a(i) ✓ |
| | (ii) related organizations | | | | | . 3a(ii) ✓ |
| b | If "Yes" to 3a(II), are the related organi | | | | | . 3b |
| 4 | Describe in Part XIII the intended uses | | | | | |
| Part | VI Land, Buildings, and Equip | ment. | | | | |
| | Complete if the organization | answered "Yes' | ' to Form 990, F | Part IV, line 11 | a. See Form 99 | 0, Part X, line 10. |
| | Description of property | (a) Cost or ot | ner basis (b) Cost o | or other basis | (c) Accumulated | (d) Book value |
| | Lond | (investme | =(i) (C | ther) | depreciation | |
| 1a | Land | • | | | | |
| b | Buildings | . | ···· | | | |
| C | Leasehold improvements | · | | | | |
| d | Equipment | · | 551,077 | | 104,590 | 446,487 |
| Total | Other | . | 10. D-4 V4 | (D) //= - 40()) | | |
| rotal. | Add lines 1a through 1e. (Column (d) n | nust equal Form 99 | ου, Paπ X, coiumr | ı (ඏ), ııne 1V(c).) | <u> </u> | 446,487 |

| Part VII | Investments—Other Securities. | iored "Vee" to Ferm | OOO Dort IV line | 11h Soc Form 000 D | ort V. lino 12 |
|----------------|--|----------------------------|---------------------------------------|--|---------------------------------------|
| - | Complete if the organization answ | vered Yes to Form | | | |
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) Method of val Cost or end-of-year m | |
| (1) Financial | derivatives | [| | | |
| • • | neld equity interests | | | | |
| (3) Other | | | | | |
| (A) | ••••••••••• | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | · · · · · · · · · · · · · · · · · · |
| (G) | | | | | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | _,, | | <u> </u> |
| Part VIII | Investments—Program Related | | | | 1.37 12 40 |
| | Complete if the organization answ | vered "Yes" to Form | | | |
| | (a) Description of investment | | (b) Book value | (c) Method of val Cost or end-of-year m | |
| | | | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | b) must equal Form 990, Part X, col. (B) line 13) | | | 11 14 ha ha ha ha ha ha ha ha ha ha ha ha ha | |
| Part IX | Other Assets. | | | A PORTO CONTRACTOR | · · · · · · · · · · · · · · · · · · · |
| raitix | Complete if the organization answ | vered "Ves" to Form | 000 Part IV line | 11d See Form 990 D | art X line 15 |
| | | Description | 1 330, 1 ait 14, iiile | |) Book value |
| | | | | | , |
| (2) | | | · · · · · · · · · · · · · · · · · · · | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | · |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | - , | | | |
| Total. (Colui | mn (b) must equal Form 990, Part X, co | I. (B) line 15.) | | • | · · · · · · · · · · · · · · · · · · · |
| Part X | Other Liabilities. Complete if the organization answline 25. | | | 11e or 11f. See Form 9 | 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | ** | |
| (1) Federal in | | · | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | · · · · · · · · · · · · · · · · · · · | | | | |
| (6) | | | | • | |
| (7) | | | ' | λ . | |
| (8) | | | | | |
| (9) | | | | | |
| | o) must equal Form 990, Part X, col. (B) line 25.) | | | , | |
| | uncortain tay positions. In Part VIII. provid | la the taut of the factors | | financial statements that | vonaria tha |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue per Financial Statements With Revenu | Return. |
|------------------------------|--|---|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 4 153 386 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 4,153,386 |
| a | Net unrealized gains on investments | · · · · · · · · · · · · · · · · · · · |
| b | Donated services and use of facilities | |
| c | Recoveries of prior year grants | |
| d | Other (Describe in Part XIII.) | |
| 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.) | |
| 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 4,153,386 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe | r Return. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | 1 4,196,547 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| а | Donated services and use of facilities | 1 |
| b | Prior year adjustments | • |
| С | Other losses | |
| d | Other (Describe in Part XIII.) | |
| 0 | 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 | |
| p | Other (Describe in Part XIII.) | |
| C | Add lines 4a and 4b | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 4,196,547 |
| 2; Par Part V, with in | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf line 4: Three contributions made in prior years established permanent endowments in the amount of the converted to the converted to arrange and provide funding for supplies and services to meet the basic armoverished children. | formation. ontributions, nd educational |
| | | |
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| Schedule D (Fo | orm 990) 2013 | Page 5 |
|----------------|--|---|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer Identification number Children, Incorporated 54-0761510

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total employees, agents, and region (by type) (e.g., fundraising, program services, a program service, describe specific type of expenditures for region and investments investments, grants to recipients independent service(s) in region in region contractors located in the region) in region (1) Central America, Caribbean 0 0 See Schedule O Program services 374,867 (2) East Asia and the Pacific 0 0 Program services See Schedule O 143,824 (3) Middle East and North Africa 0 0 Program services See Schedule O 46,752 (4) North America 0 0 See Schedule O Program services 79,991 (5) South America 0 0 See Schedule O Program services 520,335 (6) South Asia 0 0 Program services See Schedule O 195,454 (7) Sub-Saharan Africa 0 0 Program services See Schedule O 157,257 (8) (9)(10)(11) (12)(13)(14)(15)(16)(17)Sub-total . . . 1,518,480 Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

1,518,480

Page 2

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. PartII

| | • | | | | 100000 | more a many polices and the additional and additional | delinerina opace is | iconor. | |
|-----------|--------------------------|--|------------|-------------------------|--------------------------|--|---|---|---|
| - | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| Ξ | | , , | | | | | | | |
| (2) | | 1 2 | | | | | | | |
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| (13) | • • | 1 | į | | | | | | |
| (12) | , | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | , | 1 S N | | | | | | | |
| (15) | , | | | | | | | | |
| (16) | | 1 | | | | | | | |
| | | | | | | | | | |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

N

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2013

Part III Grants ar

| n- | _ | _ | 4 |
|----|---|---|---|
| ra | u | u | |

| art | V | Foreign Forms | | |
|-----|----------------|--|-------|------|
| 1 | the c | the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926) | ☐ Yes | ☑ No |
| 2 | may Rece | the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A) | ☐ Yes | ☑ No |
| 3 | the c | the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations. (see Instructions for Form 5471) | ☐ Yes | ☑ No |
| 4 | quali Infor | the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing 6. (see Instructions for Form 8621) | ☐ Yes | ☑ No |
| 5 | the d | the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships. (see Instructions for Form 8865) | ☐ Yes | ☑ No |
| 6 | "Yes | he organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to file Form 5713, International Boycott Report (see Instructions orm 5713) | ☐ Yes | ☑ No |

| Part V | Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). |
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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.

OMB No 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Children, Incorporated 54-0761510 Form 990, Part IV, lines 14a, 14b, 15, 16, 21, and 22; Part IX, line 24a; Part X, lines 27 and 28; and Schedule F, line 3: As disclosed in Note A to the audited financial statements, Children, Incorporated is a not-for-profit entity that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Its program services consist of arranging and providing funding for supplies and services to meet the basic and educational needs of approximately 20,000 impoverished children in 300 locations, half in the United States and half in other countries. There are no donor-imposed restrictions on the types of supplies and services provided or the children for whom they are provided. Children, Incorporated does not provide grants and other assistance, as that term is defined in the Glossary to Form 990. Contributions to Children, Incorporated are received at its office in Richmond, Vırgınıa, which is where its paid staff members are located. Program services are provided entirely by volunteers at each location. Funding for supplies and services for impoverished children is transferred from the Richmond office to the volunteer staff members. They decide on the supplies and services needed, arrange for them to be provided, and administer disbursement of the funds. The volunteer staff members are required to retain documentation of the disbursements and provide periodic reports to the paid staff members. Volunteer staff members are periodically visited at their locations by paid staff members. A summary of program services by location for the years ended June 30, 2014 and 2013, follows. 2014 2013 Year ended June 30 Program services provided outside the United States of America Central America and the Caribbean 374,867 309,461 East Asia and the Pacific 143,824 139,587 Middle East and North Africa 46,752 36,800 North America 79,991 85,606 South America 520,335 547,799 South Asia 195,454 191,644 Sub-Saharan Africa 157,257 144,157 Total provided outside the United States of America 1,518,480 1,455,054 Program services provided in the United States of America 1,308,366 1,138,208 Total program services provided 2,826,846

| Name of the organization | Employer Identification number |
|---|--------------------------------|
| Children, Incorporated | 54-0761510 |
| Form 990, Part VI, section A, line 1a: At June 30, 2014, there were six members of the Board of Directors (| the Board), which |
| is the governing body. Six new members were added on September 22, 2014, and on October 27, 2014, of | one of the previous |
| six members resigned, so that at the time this Form 990 was filed, the Board had 11 members. | |
| Form 990, Part VI, section A, line 8b: Children, Incorporated does not have standing committees with auth | ority to act |
| on behalf of the Board. | |
| Form 990, Part VI, section B, line 11b: The Form 990 was prepared by the Board Chair, who is a CPA and a | a partner in a |
| CPA firm. It was reviewed by the firm that audited the financial statements; by the President and Chief E | xecutive Officer |
| of Children, Incorporated; by its Vice Chair, who is a CPA and a partner in a CPA firm; by its Treasurer; a | and at a Board meeting. |
| Form 990, Part VI, section B, line 12c: Children, Incorporated regularly and consistently monitors and enfo | orces compliance |
| with the conflict of interest policy. The Board is small, and monitoring consists of regular discussions a | nd 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 Pro | esident and |
| Chief Executive Officer annually. His compensation is based on an evaluation of facts and circumstance | 98. |
| Form 990, Part VI, section C, line 17: VA, AK, AL, AZ, CA, CT, FL, IL, MA, MD, ME, MI, MN, NC, ND, NH, NJ | , NY, OH, OK, |
| OR, PA, RI, SC, TX, UT, WA, WI, WV | |
| Form 990, Part VI, section C, line 19: Children, Incorporated makes its governing documents, conflict of in | nterest policy, |
| and financial statements available upon request. It also makes its financial statements and Form 990 av | ailable |
| at www.childrenincorporated.org. | |
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Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

| • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box | 🕨 🗹 | | |
|--|---|--|--|
| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this | form). | | |
| Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously to | filed Form 8868. | | |
| Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can ele 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of For Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chair | ectronically file Form rm 8870, Information n paper format (see | | |
| Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this both Part I only | | | |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns. | an extension of time | | |
| Enter filer's identifying nur | mber, see Instructions | | |
| Type or Name of exempt organization or other filer, see instructions. Employer identification numbers. | on number (EIN) or | | |
| | 54-0761510 | | |
| Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN | 1) | | |
| due date for 4205 Dover Road | | | |
| filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | |
| Instructions. Richmond, VA 23221 | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) | 0 1 | | |
| Application Return Application Is For Code Is For | Return Code | | |
| Form 990 or Form 990-EZ 01 Form 990-T (corporation) | 07 | | |
| Form 990-BL 02 Form 1041-A | 08 | | |
| Form 4720 (individual) 03 Form 4720 (other than individual) | 09 | | |
| Form 990-PF 04 Form 5227 | 10 | | |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | 11 | | |
| Form 990-T (trust other than above) 06 Form 8870 | 12 | | |
| • The books are in the care of ► Stephen D. Holton Telephone No. ► 804-521-3239 Fax No. ► 804-965-0628 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ► □ . If it is for part of the group, check this box ► □ a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time | ▶□ If this ıs | | |
| untilFebruary 16, 2015 , to file the exempt organization return for the organization named above for the organization's return for: ▶ □ calendar year 20 or | . The extension is | | |
| ▶ ☑ tax year beginning July 1 , 20 13 , and ending June 30 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Change in accounting period | , 2014 | | |
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | |
| nonrefundable credits. See instructions. | \$ | | |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | |
| estimated tax payments made. Include any prior year overpayment allowed as a credit. | \$ | | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | \$ | | |
| Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form instructions. | 1 8879-EO for payment | | |

| Form 8868 (Rev 1-2014) | | | | | | Page | | |
|---|---|-----------------|---|----------------------------------|---------------------------------------|--|--|--|
| If you are filing for an Additional (No | | | | | | ightharpoonup | | |
| Note. Only complete Part II if you have If you are filing for an Automatic 3-N | | | | ed Form 8 | 3868 | | | |
| Part II Additional (Not Au | tomatic) 3-Month Ex | tension | of Time. Only file the original | al (no co | pies nee | ded). | | |
| 7.44.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | | | | | | | | |
| Type or Name of exempt organizati | | | | | | entifying number, see instructions apployer identification number (EIN) or | | |
| print | | | | | sie ye. reentimeatien namber (Enry e. | | | |
| · | CULT DDEN THOODDOD A MED | | | | | 54-0761510 | | |
| due date for Number, street, and room of | te for Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | | |
| return See 4205 DOVER ROAI |) | | | | | | | |
| | ate, and ZIP code For a fore | eign add | ress, see instructions | | | | | |
| RICHMOND, VA | 23221 | | | | | | | |
| | | | | | | 0 1 | | |
| Enter the Return code for the return tha | at this application is for (file a | a separat | te application for each return) | | | 0 1 | | |
| Application | | Return | Application | | | Return | | |
| Application Is For | | Code | Is For | | | Code | | |
| Form 990 or Form 990-EZ | | 01 | ISFO | | | | | |
| Form 990-BL | | 02 | Form 1041-A | | | 08 | | |
| Form 4720 (individual) | | 03 | Form 4720 (other than individual) | orm 4720 (other than individual) | | | | |
| Form 990 PF | | 04 | Form 5227 | | | 10 | | |
| Form 990-T (sec 401(a) or 408(a) trust) | | 05 | Form 6069 | | | 11 | | |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | | 12 | | |
| STOP! Do not complete Part II if you | | | natic 3-month extension on a previ | ously file | d Form 886 | 58. | | |
| | rephen D. HOLT | | | | | | | |
| • The books are in the care of \triangleright 4. | | - R. | | | | | | |
| Telephone No ► 804-521-3 | | | Fax No - | | | . . | | |
| If the organization does not have an | | | | thin in fa | مامطييا مطفي | eroup abook this | | |
| If this is for a Group Return, enter th | . — | | ch a list with the names and EINs of | | | | | |
| box Irequest an additional 3-month e | | | | all memb | eis the exte | 1301113 101 | | |
| 5 For calendar year , or ot | her tax year beginning J | UL 1 | , 2013 , and ending | JUN | 30, 2 | 014 | | |
| 6 If the tax year entered in line 5 is | | | | Final r | | | | |
| Change in accounting period | | | | | | | | |
| 7 State in detail why you need the | extension | | | | | | | |
| | | | der to obtain info | <u>rmati</u> | on nec | essary | | |
| to prepare a com | plete and accu | <u>rate</u> | tax return. | | | | | |
| | | | | | | | | |
| 8a If this application is for Forms 99 | | or 6069, o | enter the tentative tax, less any | | | 0 | | |
| nonrefundable credits. See instru | | | | 8a_ | \$ | 0 | | |
| b If this application is for Forms 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | | | | | | | | |
| • • • | ax payments made Include any prior year overpayment allowed as a credit and any amount paid | | | | \$ | 0 | | |
| C Balance due. Subtract line 8b fro | om line 8a. Include vour pav | ment wit | h this form, if required, by usina | 8b | | ····· | | |
| EFTPS (Electronic Federal Tax Pa | | | , | 8c | \$ | 0 | | |
| | | | st be completed for Part II o | | | | | |
| Under penalties of perjury, I declare that I ha it is true, correct, and complete, and that I ai | ive examined this form, includin n authorized to prepare this fori | ig accomp m. | anying schedules and statements, and to | the best o | f my knowled | lge and belief, | | |
| Signature > | Title ► C | PA | | Date | • | | | |
| orginature P CEA | | | | | | | | |

Form **8868** (Rev 1·2014)