



Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 **2018** 

Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For th	e 2018 calendar year, or tax year beginning	and end	aing					
В	Check if	L. I			D Employer ider	itificat	tion number		
	Addre	FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION							
Ī	Name				20	-815	56916		
	lnitiat return		Roo	om/suite	E Telephone nur				
	Final return	, 555 E. NORTH LANE	60	60	2155685603				
_	termir ated Aman	City or town, state or province, country, and ZIP or foreign postal code	e		G Gross receipts \$		1,255,980.		
F	rotum   Applk	CONDITORIOCKEN, IA 13420			H(a) Is this a grou	•			
Ц	tion pendi	I F Name and address of principal officer: PAILLY O CONTROL	194	20	for subordina	•••	• • –		
_	Tav av		a)(1) or 4		H(b) Are all subordina		dad7YesNo :. (see instructions)		
		te: $\triangleright N/A$	4	<del>)</del>	H(c) Group exem		,		
		organization: X Corporation Trust Association Other	1	L Year o			tate of legal domicile: PA		
	art I	Summary							
	1	Bnefly describe the organization's mission or most significant activities CO	RPOR	ATIO	N WILL PRO	OVID	E		
Activities & Governance		CHARITABLE GIVING MAINLY TO OTHER EXEM	PT O	RGAN	IZATIONS (	JNDE	R SECTION		
ern	2	Check this box   if the organization discontinued its operations or d	lisposed	of more	than 25% of its ne	t asset			
ĝ	3					3	<u>6</u> 6		
۰ĕ		Number of independent voting members of the governing body (Part VI, line				5	6		
iţie	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)  Total number of volunteers (estimate if necessary)			• • • • • • • • • • • • • • • • • • • •	6	300		
cţi		Total number of volunteers (estimate if necessary)				7a	0.		
ď						7b	0.		
		RECEIVED			Prior Year		Current Year		
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	S	[	1,098,14	5.	1,083,656.		
Revenue	9	Program conjuce revenue (Part VIII line 2n) 1 st 1	<u>ان</u>			9.	0.		
Rec	10	Investment income (Part VIII, column (A), lines 4, and 3) 2 1 2019	¢}	<u> </u>	6,184		35,810.		
	17	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14	·	1,104,329	9.1	1,119,466.		
	12	Total revenue - add lines 8 through 11 (must equal Path VIII) priumn (A) line T Grants and similar amounts paid (Part IX, coumn (A) lines 13)	12) .		427,908		539,005.		
		Benefits paid to or for members (Part IX, column (A), line 4)		-		<del>;   -</del>	0.		
ώ				"   <u> </u>	120,789	<del>,                                     </del>	85,555.		
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  72		[	(		0.		
xpe	ь	Total fundraising expenses (Part IX, column (D), line 25)   72	,151	$\cdot \Box$			ļ		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			161,177		149,941.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			709,874		774,501.		
- 8	19	Revenue less expenses Subtract line 18 from line 12			394,455		344,965.		
Sers or Balances		Total consts (Dort V. Inc. 16)		Red	inning of Current Ye		End of Year 2,388,358.		
Bal	1	Total assets (Part X, line 16)		·· ├─-	29,357		19,561.		
뙲		Net assets or fund balances Subtract line 21 from line 20		··	2,072,860		2,368,797.		
Pa	rt,II	Signature Block			<u> </u>				
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying sche	edules and	d stateme	nts, and to the best o	my kno	owledge and belief, it is		
rue,	correc	t, and complete: Qeclaration of preparer Jother than officer) is based on all information	of which p	preparer h	ias any knowledge.				
					Data		.15:19		
Sigr		Signature of officer  MARK O'CONNOR DRINGIPAL OFFICER			Date				
Her	e	MARK O'CONNOR, PRINCIPAL OFFICER Type or print name and title							
		Print/Type preparer's name Preparer's signature		] Da	ite Check	<del></del>	PTIN		
Paid		EDWARD W. DORAN, CPA		4	1 1	اب	P00841330		
	arer	Firm's name ISDANER & COMPANY, LLC		1:/	Firm's EIN		3-6410283		
	Only	Firm's address THREE BALA PLAZA, SUITE 501 W	EST						
		BALA CYNWYD, PA 19004-3484			Phone no. (	610	) 668-4200		
Иау	the IF	S discuss this return with the preparer shown above? (see instructions)					X Yes No		
3200	01 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instri	uctions.				Form <b>990</b> (2018)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

O42467:07

#### FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION

Forn	m 990 (2018) CHILDREN'S FOUNDATION 20	-8156916	Page 2
	irt IIII Statement of Program Service Accomplishments	-	
	Check if Schedule O contains a response or note to any line in this Part III	,	🔲 .
1	Briefly describe the organization's mission		
	CORPORATION WILL PROVIDE CHARITABLE GIVING MAINLY TO OTHER	EXEMPT	
	ORGANIZATIONS UNDER SECTION 501(C)(3) THAT SUPPORT CHILDRE	N.	-
		·	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Tyes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by expenses	<b>3</b>
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses,	and
	revenue, if any, for each program service reported.	•	
4a	(Code. ) (Expenses \$ 579, 131. including grants of \$ 539,005.) (Revenue \$	-	
	RAISE FUNDS TO PROVIDE SUPPORT TO CHILDREN IN NEED AND THE		
	FALLEN FIRST RESPONDERS IN OUR COMMUNITY. NON-CASH DONATIO		
	KIND INCLUDE: FOOD, WATER, OFFICE SPACE, TRANSPORTATION OF	SUPPLIES	<u>&amp;</u>
	EQUIPMENT, SIGNAGE, ETC.		
			<del></del>
	<del></del>		
4b	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$		<u> </u>
	7		
		-	
	· · · · · · · · · · · · · · · · · · ·		<del></del>
			<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		
70	) (Levelines 2) (Averlines 2) (Averlines 2)		
		<del></del>	
	<del> </del>	<del></del>	<del></del> .
		-	
			<u>-</u>
			<del></del>
			<del></del>
4d	Other program services (Describe in Schedule O )	â	
<u></u>	(Expenses \$ Including grants of \$ ) (Revenue \$ Total program service expenses ► 579,131.	<u> </u>	
<u>4e</u>	Total program service expenses ► 5/9,131.		20 (004.0)
		Form 9:	<b>90</b> (2018)

# FAMILIES BEHIND THE BADGE Form 990 (2018) CHILDREN'S FOUNDATION Part IV Checklist of Required Schedules

20-8156916

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ᡰ᠊ᢆ		<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		х
7	OKANA Barandak Cabada D Dad II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l-°		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV  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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	48.32	37	
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
Ь	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		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			ł
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III	19		х
20=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	Annual Community and Community	-	990 (	2016

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Form 990 (		CHILDREN'S	
Part IV	Checklist	of Required Schedule:	<b>S</b> (continued)

•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ſ		
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
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		l	
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No," go to line 25a	24a	l ,	Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
~-	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<del></del> -		$\vdash$
~-	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par				
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	· ]	į	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,		
	(gambling) winnings to prize winners?	1c	Х	
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•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	7	í ř	. 4
	filed for the calendar year ending with or within the year covered by this return 2a		·	P
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	[]	5	-
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь .		
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 .		X
b	If "Yes," enter the name of the foreign country		)	<b>[</b> [ ]
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ائسا	ئے ا	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as chantable contributions?	6a		Х
ь	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).		7 7	لننا
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		Х
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		آسك	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	듸		لبا
	sponsonng organization have excess business holdings at any time during the year?	8		3-2-24
9	Sponsoring organizations maintaining donor advised funds.		<u></u>	- 14
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	, ,	<del></del>
10	Section 501(c)(7) organizations. Enter		Ł	<b>3</b>
а	Initiation fees and capital contributions included on Part VIII, line 12	-      "	> °	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	], "	· ]	1
11	Section 501(c)(12) organizations. Enter	<u>.</u> u		'i 1
	Gross income from members or shareholders	n	) n (	
b	1 1	(P)	} i	<u> </u>
10-	amounts due or received from them)	انسا		<u></u>
ıza	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a   רק ז		
		N i	tz ·	ļ.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	<u>'</u>	
а	Note. See the instructions for additional information the organization must report on Schedule O	1 3 1		1 1
h	Enter the amount of reserves the organization is required to maintain by the states in which the	. " ]	- 1	0.93
D			. ']	4
_		, 1	;	اد
14.		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del>-  </del>	<del></del> -
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170	-+	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	77 1 1	্ ক	<u></u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X
	If "Yes," complete Form 4720, Schedule O	ازجي	[ [	12.1
	The tool dampines to the Free of the tool			2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	_		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	<u> </u>	in a	;
	If there are material differences in voting rights among members of the governing body, or if the governing	1 1	] 1	-
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	$\mathbb{R}^{-1}$	L .	.
_	Enter the number of voting members included in line 1a, above, who are independent		,	
		1	i. '.	l .
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	╚	<u></u>	X
	officer, director, trustee, or key employee?	2		Λ.
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	١.		
	of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	تع	- ;	Ĭ. i
		8a	X	لنستماا
	The governing body?	8b	X	
	Each committee with authority to act on behalf of the governing body?	80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	لـــــا	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			,
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	E'		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	In Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14		14		X
	Did the organization have a written document retention and destruction policy?	7.7	- <del></del>	<del> 11</del>
15	Did the process for determining compensation of the following persons include a review and approval by independent		!	p. 1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	بمسبا		¥
	The organization's CEO, Executive Director, or top management official	15a		X
Ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		[	•
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		امتنا	نـــــا
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		r –	1 1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		! .4	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		٠,	
	List the states with which a copy of this Form 990 is required to be filed ▶PA , NJ			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	o cali à	ave-l-	blc.
18		s only)	avalla	nie
	for public inspection, Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i financ	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION - 215-568-5603			
	555 E. NORTH LANE, CONSHOHOCKEN, PA 19428			

Form 990 (	2018)	CHIDDER					20, 0
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employ	ees, Highest	Compensated
				4			

Employees, and Independent Contractors

Check if Schedule (	O contains a response of	r note to any line in this	Part VII			 
 ·····						 
A// D: 1	T	Anna 118 mhanail Can		-1	_	

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

Check this box if neither the organization (A)	(B)		(C)				•	(D)	(E)	(F)
Name and Title	Average	(do	not o	Pos heck	more	then	eno	Reportable	Reportable	Estimated
	hours per	box	, unte	ss pe	<b>750</b> 0	is bol or/trus	ih an	compensation	compensation	amount of
	week (list any	<del>  -</del>	1	<u> </u>	Г	T	Ť	from the	from related organizations	other compensation
	hours for	direct	İ			Ļ		organization	(W-2/1099-MISC)	from the
	related	i i	Stee			nsale		(W-2/1099-MISC)	(** 25 1000 111100)	organization
	organizations	喜	듈		ahol	ë e			•	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employes	Former			organizations
(1) KEVIN LINEY	1ine) 0.50	트	트	, S.	2	星臺	유			
TRUSTEE	1 013	x						0.	0.	0.
(2) JOHN DERENZI	0.50	t		Г				<u></u>		
TRUSTEE		X						0.	0.	0.
(3) MICHELLE DOERR	1.00			П		Π				
TREASURER		X	<u> </u>		L			0.	0.	0.
(4) JOSEPH P SULLIVAN	2.00				ļ	]				
PRESIDENT			_	Х	<u> </u>	oxdot		0.	0.	_0.
(5) MEGAN LINEY	1.00	1		l <u>.</u> .		l				_
SECRETARY	2 2 2	┡	L	X	<u> </u>	_	Щ	0.	0.	0.
(6) WAYNE BONFIGLIO	3.00	1		١.,				•	•	0
VICE PRESIDENT		⊢	⊢	X	<b> </b>	-	┞	0.	0.	0.
		1								
	<u> </u>									
+		┾	-	$\vdash$	_		┞			
									·	
										_
					_	<del> </del>		-		
				Н		-	$\dashv$	· · · · · · · · · · · · · · · · · · ·		
<u></u>					_					
	-								-	
		H	Н	Н			$\vdash$			<del></del>
<u></u>				Ш	L.	<u> </u>				
-										
	L									

Form 990 (2018)

Form 990 (2018) CHILDREN	'S FOUN	DA!	ri(	NC					20-81	L569	16	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Kêy Em	ploy	ėes/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	verage (do not check more than one box, unless person is both an officer and a director/trustee) fit							(E) Reportable compensatio from related	table Ensation a		F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional Prustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from organi and re	nsation the ization elated zations
		⇈			_	t						
	<del> </del>	-		_	_	-	┢			$\dashv$		
							L	ļ				_
						H	H			_		
							┡			-		
			L							_		<u></u>
1b Sub-total							<b>&gt;</b>	0.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
2 Total number of individuals (including but	not limited to th	ose	liste	d al	bove	e) wi	ho r	eceived more than \$100	,000 of reportable	9		
compensation from the organization	····										Ye	
3 Did the organization list any former officer										-		X
line 1a? If "Yes," complete Schedule J for 4  For any individual listed on line 1a, is the s										···  =	3	
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con										-	5	
Section B. Independent Contractors												
Complete this table for your five highest of the organization. Report compensation for										pensat	ion fron	n
(A)	•							(B) Description of s		Cor	(C)	tion
Name and business	adoress	NC	ONE	<u> </u>			$\dashv$	Description of s	ervices	Cui	ipense	lion
					_		_					
	· · · · · · · · · · · · · · · · · · ·											
							$\dashv$					
								· · · · · · · · · · · · · · · · · · ·				<del></del>
2 Total number of independent contractors ( \$100,000 of compensation from the organ	=	ot lir	nıte	d to	tho:	se lis )	sted	l above) who received m	ore than		-	•
								==	•	Fo	orm 99	0 (2018)

#### FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION

<u> P</u> a	rt V	iir.	Statement of Reven						<u></u>
= '		-	Check if Schedule O conta	ains a response	or note to any lir	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
1		_	المناسب والمراسد والمناسبوران	. <del> </del>	= <del>_</del> _ + _ + _ + _ + _ + _ + _ + _ + _ + _		revenue	revenue	sections 512 - 514
ई रे	1	a Fo	ederated campaigns	1a			way 4.	<del></del>	_
E a			lembership dues .,	1b			1,		
A, C			undraising events	. н	083,656.				<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts			elated organizations			1		i	i
S,E			overnment grants (contributi				_		ı
<u> </u>		f Al	l other contributions, gifts, grant	s, and		`			ļ,
芸芸	l	SI	milar amounts not included abov	e   1f					[r
ΞÓ		a No	encash contributions included in lines	1a-1f S	47,177.				
S E		_	otal. Add lines 1a-1f			1,083,656.	~	أمرعه	
					Büsiness Code				
ey.	2	а							
ے ج		. –							
Program Service Revenue							· -		
E S		d							
ğă	١.	 e							
Ę.		T —	I other program service rever	nue					
			otal. Add lines 2a-2f					EST LET TO THE MANAGEMENT AND	y - w p
	3		vestment income (including o						
			ther similar amounts)	•	· ·	35,810.	,		35,810.
	4		come from investment of tax						
	5	R	oyalties						
			,	(i) Real	(ii) Personal			1	
	6	a G	ross rents	······································			1	į	
			ess rental expenses			,	1	l i	
			ental income or (loss)			'	l	<u>.</u> !	
			et rental income or (loss)		<b>&gt;</b>				
			ross amount from sales of	(i) Securities	(ii) Other	~ 1	, ,	1	~ ~ ~ ~ <del>~ ~</del>
		as	ssets other than inventory			'	<b> </b> '	1	
	l (	b Le	ess cost or other basis				1	i i	
		ar	nd sales expenses			•	•	Ì	4
	١,		ain or (loss)					L	
	,	d N	et gain or (loss)						
a			ross income from fundraising			,	, - n ,	- 	
Revenue		ın	cluding \$ 1,083,6	56. of		}			
eve		cc	ontributions reported on line	1c) See		] ,	)	)	,
er R		Pa	art IV, line 18	а	136,514.	•		į	t
Othe		b Le	ess direct expenses	b	136,514.	: !			1
0		s No	et income or (loss) from fundi	raising events	▶	0.			
	9 8	a G	ross income from gaming act	ivities See				·	
			art IV, line 19				!	. 1	ļ <u>.</u>
	1	b Le	ess direct expenses	<u>.</u> b				<b>.</b>	·
			et income or (loss) from gami						
	10 a	a G	ross sales of inventory, less r	eturns		, ,			
		ar	nd allowances	, a		•	, ,	, ,	1
	1		ess: cost of goods sold			- 0			
		c Ne	et income or (loss) from sales	of inventory					
			Miscellaneous Revenue	_	Business Code		£	, <u> </u>	- t
	11 :	a						· · · · · · · · · · · · · · · · · · ·	<u> </u>
	ı	- -							
					-				
		d Al	other revenue					-	
			otal. Add lines 11a-11d					• =	* * * * * * * * * * * * * * * * * * *
	12		otal revenue. See instructions			1,119,466.	0.	٠0.	35,810.
83200	9 12-3						<del></del>		Form 990 (2018)

CHILDREN'S FOUNDATION

Part IX: Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must cor		·	omplete column (A)	- [
	Check if Schedule O contains a respo	nse or note to any line in (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraişing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	539,005.	539,005.	eu.	
2	Grants and other assistance to domestic			1	בייאון
-	individuals See Part IV, line 22			le e	
3	Grants and other assistance to foreign			[ - 4-1 ]	
3	organizations, foreign governments, and foreign	:		13	!
	individuals See Part IV, lines 15 and 16			Ja. "	, ° ° '
				[	
4	Benefits paid to or for members			<del></del>	1 - A
5	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)	74 206	22 710	7 440	44 637
7	Other salaries and wages	74,396.	22,319.	7,440.	44,637
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,159.	3,348.	1,116.	6,695
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	53,243.		53,243.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	100 44				
_	column (A) amount, list line 11g expenses on Sch O.)		j		
12	Advertising and promotion	7,651.		= -	7,651
13	Office expenses	14,256.	12,135.	884.	1,237
14	Information technology	•	·		· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16		8,735.	1,800.	695.	6,240
17	Occupancy	4,875.			4,875
18	Payments of travel or entertainment expenses			-	
10	·				
40	for any federal, state, or local public officials				
19		·			
20	Interest				
21	Payments to affiliates	120.			120
22	Depreciation, depletion, and amortization	2,342.		2,342.	120
23	Insurance	2,542.	īg • -• - 1	2,342.	# + 1 7
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	i	<b>[</b>	-	' معرا
	24e amount exceeds 10% of line 25, column (A)			•	
	amount, list line 24e expenses on Schedule 0.)	EE 007	<u> </u>	E 00C	
а	BANK AND CREDIT CARD FE	55,996.		55,996.	
b	EQUIPMENT RENTAL	1,204.		1,204.	666
C	DUES AND SUBSCRIPTIONS	995.		299.	696
d	CATERING	524.	524.		
e	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24e	774,501.	579,131.	123,219.	72,151
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)				
32010	12-31-18				Form <b>990</b> (2018
			10		. ,

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	<u>τ</u> χ,	Balance Sheet			
•		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,403,952.	1	764,483
	2	Savings and temporary cash investments	50,807.	2	50,858
J	3	Pledges and grants receivable, net	608.	3	550
-	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
- 1	5	Loans and other receivables from current and former officers, directors,	1	F	7 = 7 ==- +- · ·
-	•	trustees, key employees, and highest compensated employees. Complete	1		
- 1		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		,	
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	' ·	lı .	•
١		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	<del></del>
-	7	Notes and loans receivable, net	<del></del>	7	
-	8		<del></del>	8	-
-[	9	Inventories for sale or use	<del></del>	9	<u>-</u>
١		Prepaid expenses and deferred charges		,-	
-1	iva	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,737.			
١		1 6 777	304.		184
-			646,546.	10c	1,572,283
ł	11	Investments - publicly traded securities	040,340.	11	1,372,203
١	12	Investments - other securities See Part IV, line 11		12	
-	13	Investments - program-related See Part IV, line 11	<del></del> -	13	
-	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11	2 102 217	15	2 200 250
4	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,102,217.	16	2,388,358
1	17	Accounts payable and accrued expenses	10,357. 19,000.	17	19,561
ı	18	Grants payable	19,000.	18	0
ı	19	Deferred revenue		19	
ı	20	Tax-exempt bond liabilities		20	
١	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
١	22	Loans and other payables to current and former officers, directors, trustees,	, i i		1. 4
		key employees, highest compensated employees, and disqualified persons	<del>                                    </del>	<u></u>	<u> </u>
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
1	24	Unsecured notes and loans payable to unrelated third parties		24	····
I	25	Other liabilities (including federal income tax, payables to related third			
l		parties, and other liabilities not included on lines 17-24). Complete Part X of			
١		Schedule D	20 257	25	10 561
4	26	Total liabilities, Add lines 17 through 25	29,357.	26	19,561
ı		Organizations that follow SFAS 117 (ASC 958), check here	3	•	
-		complete lines 27 through 29, and lines 33 and 34.			250 750
			2 222 262		
	27	Unrestricted net assets	2,072,860.	27	
	28	Unrestricted net assets	2,072,860.	28	
	28 29	Unrestricted net assets			
	28 29	Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here	., ., .	28	
	28 29	Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		28	
	28 29 30	Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds	., ., .	28 29 30	
	28 29 30 31	Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund	., ., .	28 29 30 37	
	28 29 30 31 32	Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds	н :	28 29 30	18,047.
	28 29 30 31 32 33	Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund	., ., .	28 29 30 37	2,350,750. 18,047. 2,368,797. 2,388,358.

Form 990 (2018)

	· · · · · · · · · · · · · · · · · · ·					
Рa	Reconciliation of Net Assets					
,,	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u> .		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1 2	1	,11	9,4 4,5	
2	Total expenses (must equal Part IX, column (A), line 25)	3				65.
3	Revenue less expenses Subtract line 2 from line 1	4	<u></u>	, 0,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5				27.
5	Net unrealized gains (losses) on investments	6			<del>, 0</del>	27.
6	Donated services and use of facilities	<del></del>				
7	Investment expenses	7 8				
8	Prior period adjustments	<del></del>				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_			<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2	, 36	8.7	98.
Pa	column (B))  rt:XIII Financial Statements and Reporting			,,,,	-,.	
22 22	Check if Schedule O contains a response or note to any line in this Part XII		·			
					Yes	No
-1	Accounting method used to prepare the Form 990 X Cash Accrual Other			7.74	7	L 9
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			ř	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1			
	separate basis, consolidated basis, or both				9	增到
	Separate basis Consolidated basis Both consolidated and separate basis		I.	السما	لتيدا	السنا
þ	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs		2 34	4	
	consolidated basis, or both				1 .	
	X Separate basis Consolidated basis Both consolidated and separate basis			انسا	1	<u>  - "1</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dıt	.		
	Act and OMB Circular A-133?	<sub>.</sub>		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	thb		ŀ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		t	3b		
	-		_	Form	990 (	(2018)

### 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.

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

FAMILIES BEHIND THE BADGE

Employer identification number

OMB No. 1545-0047

Open to Public

| Inspection '

CHILDREN'S FOUNDATION 20-8156916 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization beled (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of other IN YOUR ROYER na document (described on lines 1-10) support (see instructions) support (see instructions) organization Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Total

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S FOUNDATION

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 )

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	705,640.	895,317.	1034004.	1098145.	1083656.	4816762.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3 ,	705,640.	895,317.	1034004.	1098145.	1083656.	4816762.
5	The portion of total contributions	F TEG	g	· • • • • • • • • • • • • • • • • • • •	1. B. H.		
	by each person (other than a	. ē .		, J	7 500	1 mars 2 m	
	governmental unit or publicly	ا ا شد			. Siles		
	supported organization) included	ا به تو تو		, ' " •• , 1	h		
	on line 1 that exceeds 2% of the			,	-	3 4	
	amount shown on line 11,	ا لا الم	lmgr Z			F	
	column (f)	[] **		i *		[	25,600.
6	Public support. Subtract line 5 from line 4.			, q-v,		17. 19. 19.	4791162.
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	705,640.	895,317.	1034004.	1098145.	1083656.	4816762.
8	Gross income from interest,						··
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	994.	4,485.	5,753.	6,184.	35,810.	53,226.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		_ [				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	2.77.7	T				4869988.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here	<u></u>				▶└
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) di	vided by line 11, c	olumn (f)) ,		14	98.38 %
	Public support percentage from 2017					15	98.90 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% ог п	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2017. If the	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere, Explain in Pai	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a j	publicly supported	d organization .,.		▶└
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	: 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	_
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction:	<u>: ▶└</u>
					Sche	dule A (Form 990	or 990-EZ) 2018

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	CHILDREN'	'S FOUNT	DATTO	N

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN & FOUNDATION

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

	quality under the tests listed b	elow, please com	plete Part II.)					
Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(€	e) 2018	(f) Total
1	Gifts, grants, contributions, and							/
	membership fees received. (Do not	\						/
	include any "unusual grants")	\					,	
2	Gross receipts from admissions,							
	merchandise sold or services per-					1		
	formed, or facilities furnished in any activity that is related to the	\						
	organization's tax-exempt purpose	\						
3	Gross receipts from activities that						7	
-	are not an unrelated trade or bus-	\						
	iness under section 513	[	l l			/		
4	Tax revenues levied for the organ-		\		1			
•	ization's benefit and either paid to		\					
	or expended on its behalf							
5	The value of services or facilities							
•	furnished by a governmental unit to		\		/			
	the organization without charge		\					
6	Total. Add lines 1 through 5		<u> </u>	<del> </del>	1			
	Amounts included on lines 1, 2, and		<del>- \</del>		/			
10	3 received from disqualified persons			<b>\</b>	<i>l</i> ′			
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			X				
	Public support (Subtract line 7c from line 6.)			/ \ .		ſ		
	etion B. Total Support	l <u> </u>		/ \	342 22 37			<del></del>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	le	2018	(f) Total
	Amounts from line 6	(4) 2014	(8) 20 10	/ (0/2010	(5/2511		,, 20.0	(1)
	Gross income from interest,		7		\			
	dividends, payments received on		/	1	\			
	securities loans, rents, royalties, and income from similar sources				\			
h	Unrelated business taxable income		7	-	<del>\</del>			
	(less section 511 taxes) from businesses		/		\		·	
	acquired after June 30, 1975		/		\			
_	Add lines 10a and 10b		7		\ \		-	<del></del>
	Net income from unrelated business		/					<del></del>
•	activities not included in line 10b,		/		1 \			
	whether or not the business is regularly carried on		/		7			
12	Other income. Do not include gain	<del></del>				Ì	-	<u></u>
	or loss from the sale of capital					\		
12	assets (Explain in Part VI.)	- /				7		
	First five years. If the Form 990 is for	r the organization's	firet eacond thur	d fourth or fifth to	L Vear as a section	n 5016	c)(3) organiz	ation
1-4		Title Organization	s mar, second, um	a, lourar, or mar a	ax year as a scono		o)(e) organiz	
Sec	check this box and stop here Ition C. Computation of Publ	ic Support Pe	rcentage	···· · · · · · · · · · · · · · · · · ·	··········		<u></u>	
	Public support percentage for 2018 (			column (f))		15		%
	Public support percentage from 2017					16	<del>\</del>	%
	tion D. Computation of Investigation						1	
_	Investment income percentage for 20			ne 13. column (fi)		17		%
						18		1 %
18	33 1/3% support tests - 2018. If the	correction did s	ot check the have				6 and line 1	
ısa	more than 33 1/3%, check this box a						v, and mie 1	
	33 1/3% support tests - 2017. If the							t.
b	line 18 is not more than 33 1/3%, che							
00	Private foundation. If the organization							·····/ <b>\</b>
		и ото поселеска	55A 55 BHE 14, 19	a, or 190, check tr				or 990-EZ) 2018
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# Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S FOUNDATION

## Part V Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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chedule A (Form 990 or 990 EZ) 2018	CHILDREN'	S	FOUND	ATI	NC

Pa	rt IV   Supporting Organizations (continued)		,	
	, y = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	l "	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	. ــ ا	ے 'ا	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	J. Type - Cappersing Congression		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Ţ.	1	57
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	, ,	. !	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	٠, ا	p 1	
	controlled the organization's activities of the organization had more than one supported organization,	`		
	•		.=	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		<b>L</b>	<sup>!</sup>
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<del>,</del>	1 3 /
2	Did the organization operate for the benefit of any supported organization other than the supported		١.	]
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	٠		1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ال سا		L 1
	supervised, or controlled the supporting organization.	2	L	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	. I a	4	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	: 1	i e	<u> </u>
	or management of the supporting organization was vested in the same persons that controlled or managed	إلىب	سنسه	اسما
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	```	, .	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1 4	į	ľ l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			<u></u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	· ,	1. 3	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	"%.		السنا
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ļ.,
3	By reason of the relationship described in (2), did the organization's supported organizations have a		Th.	
	significant voice in the organization's investment policies and in directing the use of the organization's	į į		J " - 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	الشنسا		_ 1
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	١.		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	l il	ra i	[, ]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	, i	ak.	1 4
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ان ا		📜
	how the organization was responsive to those supported organizations, and how the organization determined		1, 0	1.13
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		11.7	41
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	'.	r f	٠٠ .
	reasons for the organization's position that its supported organization(s) would have engaged in these	2 2	. 2.	į, į
	activities but for the organization's involvement	2b		_
3	Parent of Supported Organizations Answer (a) and (b) below.		्यार	1 [
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	4	. 20	-
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	_	.
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	. 3		F = '
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	зь і	-	_
		00 00		

Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
			Part VI) See instructions. A
other Type III non-functionally integrated supporting organizations must co	mpleté	Sections A through E	
tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	, 1		
Recovenes of prior-year distributions	2		
Other gross income (see instructions)	3.		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
	7		
	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	7 1		11
	٠	المستحا الكسميانيمان	10 m
Average monthly value of securities	1a		
	1b		
	1c		
	1d		
	4 5		- # - # - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
· · · · · · · · · · · · · · · · · · ·	6		
	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	17 4 TATE 34.54	
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	
Enter greater of line 2 or line 3	4	روس و المراقع ا المراقع المراقع المراق	· <del>-</del>
	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to		1-, pr- pr- 3-, 2-44 Address	
	6	الأحد عاد الأستال	_
<del></del>	y integr	ated Type III supporting orga	anization (see
instructions)	. •	, J3	•
	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must cotton A - Adjusted Net Income  Net short-term capital gain Recovenes of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other-expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).  Average monthly value of securities Average monthly value of securities Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recovenes of prior-year distributions Minimum Asset Amount (add line 7 to line 6).  Line C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete tron A - Adjusted Net Income  Net short-term capital gain 1 Recovenes of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see Instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ition B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).  Average monthly cash balances 1b Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VII):  Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 7 Minimum Asset Amount (add line 7 to line 6) 8 Recovenes of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Ition C - Distributable Amount  Adjusted net income for prior year (from Section B, line 8, Column A) 1 Enter greater of line 2 or line 3 Income tax imposed in prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Income tax imposed in prior year (from Section B, l	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in other Type III non-functionally integrated supporting organizations must complete Sections A through E tion A - Adjusted Net Income  Net short-term capital galin  Recovenes of prioryear distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  Algusted Net Income (subtract lines 5, 6, and 7 from line 4)  Bayering from thiny value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).  Average monthly value of securities  Average monthly cash balances  1a Average monthly cash balances  1b Far market value of other non-exempt-use assets  1c Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets  2 Subtract line 2 from line 1 d  Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  Adjusted net morne for prior year (from Section A, line 8, Column A)  Algusted net morne for prior year (from Section B, line 8, Column A)  Income tax imposed in prior year  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization is first as a non-functionally integrated Type III supporting organization is first as a non-functionally integrated Type III supporting organization is first as a non-functionally integrated Type III s

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990 EZ) 2018 CHILDREN'S FO   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	<del></del>	U-8156916 Page
<u> </u>	ion D - Distributions	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	โดงเหน็กรั้ง	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
ż	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	•	<u>-</u>	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI). See instructions		<u> </u>	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
_	(provide details in Part VI). See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		2-1	
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			[
3	Excess distributions carryover, if any, to 2018		<u></u>	
а	From 2013		, , , , , , , , , , , , , , , , , , , ,	
b	From 2014		<del>-</del>	
С	From 2015		<b>;</b>	
d	From 2016		·	
е	From 2017	- I	* -	i.e
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			,,
h	Applied to 2018 distributable amount	·	7	
i	Carryover from 2013 not applied (see instructions)			<u>-</u>
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		****	
4	Distributions for 2018 from Section D,		, , , , , , , , , , , , , , , , , , , ,	
	line 7 \$	ــــــــــــــــــــــــــــــــــــــ	·	
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount	, <del>, , , , , , , , , , , , , , , , , , </del>		
С	Remainder Subtract lines 4a and 4b from 4.			,
5	Remaining underdistributions for years prior to 2018, if	· · · ·		· · · · · · · · · · · · · · · · · · ·
	any Subtract lines 3g and 4a from line 2 For result greater	1		1
	than zero, explain in Part VI. See instructions.			<u></u>
6	Remaining underdistributions for 2018 Subtract lines 3h		J	
	and 4b from line 1. For result greater than zero, explain in	1	ı.	
	Part VI See instructions		_	
7	Excess distributions carryover to 2019. Add lines 3j		· · · · · · · · · · · · · · · · · · ·	T
	and 4c		<u>•</u>	· ·
8	Breakdown of line 7	,		
	Excess from 2014			
	Excess from 2015	<del></del>		,
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 CHILDREN'S FOUNDATION	20-8156916 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6.	r 17h: Part III. Ime 12
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions)	onal information
-		<del> </del>
		-
		-
-		-
-		
		<del>-</del> .
		· · · · · · · · · · · · · · · · · · ·
-		
		·
		<u> </u>

#### **SCHEDULE D**

(Form 990) .

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

FAMILIES BEHIND THE BADGE

18 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 20-8156916

	CHILDREN'S FOUNDATION		20-8156916
Pai		nds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	organization anomored (to one organization)	(a) Donor advised funds	(b) Funds and other accounts
_	Total number at and af year	, , , , , , , , , , , , , , , , , , , ,	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		<u> </u>
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	are the organization's property, subject to the organization's exclusi		
6	Did the organization inform all grantees, donors, and donor advisors		
	for chantable purposes and not for the benefit of the donor or donor		
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply)	
	Preservation of land for public use (e.g., recreation or education	on) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form o	of a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure		· ·· <del>   </del>
	Number of conservation easements on a certained instance structure.  Number of conservation easements included in (c) acquired after 7/2		··· ·· <del></del>
a			
_	listed in the National Register		
3		extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic m		П., П.,
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	ng of violations, and enforcing conse	ervation easements during the year
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservati	on easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above satisf	fy the requirements of section 170(h	
	and section 170(h)(4)(B)(II)?		
9	In Part XIII, describe how the organization reports conservation ease		
	include, if applicable, the text of the footnote to the organization's fil	nancial statements that describes th	he organization's accounting for
	conservation easements.		
Pai			her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	, not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition,	education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the	se items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958).		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education		
	relating to these items	,	
	(i) Revenue included on Form 990, Part VIII, line 1		. \$
0	(ii) Assets included in Form 990, Part X	or other similar assets for financial	
2	the following amounts required to be reported under SFAS 116 (ASC		gan, provide
			<b>~</b> c
	Revenue included on Form 990, Part VIII, line 1		· · · ·
р	Assets included in Form 990, Part X		<b>. &gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Sche	edule D (Form 990) 2018 CHILDRE	N'S FOUNDA	TION	ſ			2	20-8 <b>1</b>	56916	Page 2
	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ır Asse	ts(continu	ed)
Э	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following the	at are a siç	gnificant u	se of its	collection	items
	(check all that apply)									
а	Public exhibition	C	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	•	, []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how tl	hey further t	he organizat	ion's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of								_	
	to be sold to raise funds rather than to be m							<u> </u>	Yes	No No
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" on I	Form 990,	Part IV,	line 9, or	
_	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	lan or other interme	diary for	contribution	ns or other a	ssets not i	ncluded		_	
	on Form 990, Part X?							□	Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII									
	, ,	•	_						Amount	
С	Beginning balance						1c			
	Additions during the year								·	
	Distributions during the year									
	Ending balance									
2a	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or c	ustodial acco	ount liabilit	v?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII									
	t V Endowment Funds. Complete									
		(a) Current year		rior year	(c) Two yea			ars back	(e) Four y	ears back
1a	Beginning of year balance					1			<u> </u>	
_	Contributions	<u> </u>								
	Net investment earnings, gains, and losses									
	Grants or scholarships					···	·		<del></del>	
е	Other expenditures for facilities									
	and programs		<b>-</b>						<u> </u>	
	Administrative expenses		<del></del>		<u> </u>		<del></del>		1	
<b>g</b>	End of year balance			k /-	N h ald a a	<u> </u>			l	
2	Provide the estimated percentage of the cur			g, column (a	i)) neid as					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	nd administe	ered for the	e organiza	ition	_	
	by								<u> Y</u>	es No
	(i) unrelated organizations	,							3a(ı)	$\rightarrow$
	(ii) related organizations								3a(ii)	$\rightarrow$
ь	If "Yes" on line 3a(ii), are the related organiza							<b>.</b>	ЗЬ	
4	Describe in Part XIII the intended uses of the	organization's ende	owment	funds.						
Par	t <sub>i</sub> VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990	), Part X, I	ne 10.			
	Description of property	(a) Cost or o		(b) Cost		(c) Acc	cumulated	1	(d) Book v	/alue
		basis (investi	nent)	basis	(other)	depr	eciation	_		
1a	Land									
ь	Buildings									
	Leasehold improvements									
	Equipment	T T			2,737.		2,55	3.		184.
	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)					184.

Schedule D (Form 990) 2018

CHILDREN'S FOUNDATION

Schedule D (Form 990) 2018 CHILDREM 5	CONDATION	· · · · · · · · · · · · · · · · · · ·		OIJOJIO Page o
Part VII   Investments - Other Securities.				
complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part I (b) Book value			d-of-year market value
	(b) BOOK Value	(C) MEDIOD OF	- Valuation Cost of en	d-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests (3) Other		<del></del>		
(A)		-		
(B) ·				
(C)	-	-		
(C)				-
(E)				
(F)				
(G)	-			
(H)			· · · · · · · · · · · · · · · · · · ·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		,		
Part VIII Investments - Program Related.	· · · · · · · · · · · · · · · · · · ·			
Complete if the organization answered "Yes"	on Form 990. Part I	V. line 11c See Form 990	). Part X. line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				P
(4)				
(5)			-	<del></del>
(6)				-
(7)		i	-	
(8)			-	
(9)				-
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		- "-		<u> </u>
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 11d See Form 990	), Part X, line 15	
(a) D	Description			(b) Book value
<u>(1)</u>				
(2)				
(3) '				
(4)				
(5)				
(6)				
(7)				
(9)	451			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15)	<u> </u>		
<u> </u>	Fares 000 Dart II	J line 11e ev 116 Cee En	000 D-+V line 05	
Complete if the organization answered "Yes" of a) Description of liability	on Form 990, Part I	(b) Book value	ini 990, Part X, line 25	
<u>"                                    </u>		(B) BOOK VEICE	- } ւ	, ***
(1) Federal income taxes			- 1 <u>,</u> - "	4
(2)			<b>⊣</b> ;	, t n m
(3)	1		┥ .	,
(4) (5)			<b>⊣,</b> ՝ ``	, *
(5) (c)			ا الله الله الله الله الله الله الله ال	• • • • • • • • • • • • • • • • • • • •
(6)		_	-	ž i
(Ż)			<del>- </del>  :•:	•
(8)			-  ,	!
.(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	251	<u> </u>	∄ .	
Total, poliumin (b) must equal Form 930, Fart A, col. (b) line	د		In the second second	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

832053 10-29-18

FAMILIES BEHIND THE BADGE 20-8156916 Page 4 CHILDREN'S FOUNDATION Schedule D (Form 990) 2018 Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,070,439. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 -49,027. a Net unrealized gains (losses) on investments 2b **b** Donated services and use of facilities \_\_\_\_\_\_ 2c c Recoveries of prior year grants \_2d d Other (Describe in Part XIII ) -49,027. 2e e Add lines 2a through 2d 1,119,466. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII ) 4c 119,466. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 774,501. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. Į, . 1 a Donated services and use of facilities \_\_\_\_\_\_ 2a O. b Prior year adjustments ..... c Other losses ٠ 2e 774.501. 3 3 Subtract line 2e from line 1 ..... 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b يف 774.501. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ..... Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. PURSUANT TO FINANCIAL ACCOUNTING\_STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION TOPIC 740, THE FOUNDATION RECOGNIZES TAX BENEFITS ONLY IF IT IS MORE LIKELY THAN NOT THAT A TAX POSITION (INCLUDING THE FOUNDATION'S ASSERTION THAT ITS INCOME IS EXEMPT FROM TAX) WILL BE SUSTAINED UPON EXAMINATION. NO LIABILITY FOR UNCERTAIN TAX POSITIONS WAS RECORDED AS OF DECEMBER 31, 2017 OR 2016.

FORM 990, SCHEDULE D, PART XI, LINE 2D

THE ORGANIZATION HAS REVENUES FROM DONATED SERVICES IN THE AMOUNT OF

## **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047

Open to Public

Inspection William

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

▶ Attach to Form 990 or Form 990-EZ.

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

	S BEHIND THE BADGE						ntification number
CHILDRE	N'S FOUNDATION					20-8156	916
Part I Fundraising Activities required to complete this par	. Complete if the organization answe	red "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
1 Indicate whether the organization rais		ng acti	vities.	Check all that apply			·
a Mail solicitations				overnment grants			
b Internet and email solicitations	f Solicitat	ion of	gover	nment grants			
c Phone solicitations	g 🔲 Special		-	_			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(ınclu	dıng o	fficers, directors, trui	stees	, or	
key employees listed in Form 990, P						Yes	No
b If "Yes," list the 10 highest paid indi	viduals or entities (fundraisers) pursi	ant to	agree	ments under which	the fu	ındraiser is to b	oe
compensated at least \$5,000 by the	organization						
		/in	nu.		(v)	Amount paid	
(i) Name and address of individual	(ii) Activity	(iri) fundr have c	aser	(IV) Gross receipts	to (c	r retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or con	trol of	from activity		fundraiser ed in col. (i)	organization
		<u> </u>			1131		
		Yes	No				
							<u> </u>
	,						
-							
•							
				- "			
Total			▶				
3 List all states in which the organization	n is registered or licensed to solicit o	contrib	utions	or has been notified	al nt ls	exempt from re	gistration
or licensing.							
						· ·	
						· · · · · · · · · · · · · · · · · · ·	
-							
			<del></del>				

Schedule G (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	D-EZ, lines 1 and 6b List	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TOUR DE	GATHERING OF	NONE	(add col (a) through
			SHORE	HEROS		1 '
			(event type)	(event type)	(total number)	col (c))
ခို				<u> </u>	<u> </u>	
Revenue	1	Gross receipts	1,161,941.	58,229.		1,220,170.
æ	١.	Gloss receipts			····	
	,	Less Contributions	1,025,427.	58,229.		1,083,656.
	~				<del> </del>	<u> </u>
	3	Gross income (line 1 minus line 2)	136,514.			136,514.
_	۲	Cress integrate (integration in E)	, , , , , , , , , , , , , , , , , , ,		<del></del>	· · · · · · · · · · · · · · · · · · ·
	4	Cash prizes				
	`					
	5	Noncash prizes	6,473.			6,473.
es	-	And section of the se				
ens	6	Rent/facility costs	1,000.	1		1,000.
Direct Expenses	ľ					
5	7	Food and beverages	1,202.			1,202.
Ę	ļ .					
_	8	Entertainment				
	9	Other direct expenses	124,244.	3,595.		127,839.
	_		n 9 in column (d)	<del></del>	<b></b>	136,514.
						0.
Pa		III. Gaming. Complete if the organization				•
		\$15,000 on Form 990-EZ, line 6a			•	
				(b) Pull tabs/instant	(-) 0"	(d) Total gaming (add
Ę			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
Revenue			<del>}</del>			
Œ	1	Gross revenue				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
s.	2	Cash prizes				
Se						
Direct Expenses	3	Noncash prizes				
ω		, , , , , , , , , , , , , , , , , , , ,		·	•	
Je C	4	Rent/facility costs				
۵						
	5	Other direct expenses				
			└── Yes'%	Yes%	Yes%	
	6	Volunteer labor	No	No	No No	
				•		
	7	Direct expense summary. Add lines 2 through	ı 5 ın column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	****** *** *** * * * * * * * * * * * * *	<u> </u>	
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		, L Yes L No
		No," explain.				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:	_	· · · · · · · · · · · · · · · · · · ·	-40	
	_					
		-				· ·
82200	12 12	)-O3-18			Schedule G (For	rm 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 CHILDREN'S FOUNDATION	20-8	126916	Page 3
11 Does the organization conduct gaming activities with nonmembers?		☐ Yes	L No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	L No
13 Indicate the percentage of gaming activity conducted in			
a The organization's facility		13a	%
b An outside facility			%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords		
Name  .			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
•	***************************************		
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ount		
of gaming revenue retained by the third party >\$			
c If "Yes," enter name and address of the third party			
, ,			
Name ►			
Address >			
, solido p			
16 Gaming manager information.			
To Calling Hallago with Halland			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
	-		
·			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
organization's own exempt activities during the tax year > \$			
Part IV. Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v.	, and Parl	t III, lines 9.	9b, 10b,
15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions	,		
		· · · · · · · · · · · · · · · · · · ·	<del> </del>
			<u>-</u>
	<del></del> -		<del></del>
	<del></del>		
832083 10-03-18 Schedule	G /Form	990 or 990	-F7) 2018

# FAMILIES BEHIND THE BADGE 20-8156916 Page 4 CHILDREN'S FOUNDATION Schedule G (Form 990 or 990-EZ) CHILDREN'S Rart V Supplemental Information (continued)

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

► Attach to Form 990.

Open to Public

Employer identification number 20-8156916 ► Go to www.irs.gov/Form890 for the latest information. FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION General Information on Grants and Assistance Name of the organization Department of the Treesury Internal Rovenue Service Pantili

-	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	criteria used to award the grants or assistance?	X Yes	ž
7	2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
Pal	Part. 13 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	1, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.		

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f) applicable) cash grant	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ATLANTIC CITY POLICE POUNDATION PO BOX 8323 ATLANTIC CITY, NJ 08404	46-4820832	33	30,000	0			POBLIC SAFETY
BEAT THE STREETS 3700 MARKET STREET PHILADELPHIA, PA 19104	80-0413630		7,500.	o			EDUCATION AND RECREATION
BREATHING ROOM POUNDATION OI BOX 287 JENKINTOWN, PA 19046	23-2916337	E	.000,2	0			EAMILY SUPPORT
BUCKS COUNTY HERO SCHOLARSHIP FUND 1760 S EASTON ROAD DOYLESTOWN, PA 18901	23-2656550		7,500.	:0	_		EDUÇATIONAL
CAMDEN COUNTY FIRE POLICE ASSOCIATION - PO BOX 911 BELLMAWR - BELLMAWR, NJ 08099	22-2873143		.000,2	0			PUBLIC SAPETY
DANIEL FAULKNER EDUCATIONAL GRANT 2440 WALTON ROAD HUNTINGDON VALLEY, PA 19006	23-2961789	m	10,000.	.0			EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th					<b>A</b>

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

832101 11-02-18

CHILDREN'S FOUNDATION Schedule 1.(Form:990)

. Page 1 Schedule I (Form 990) (h) Purpose of grant. or assistance EDUCATION AND SUPPORT COMMUNITY SUPPORT CHILD RECREATION 20-8156916 CHILD' SUPPORT CHILD SUPPORT RECREATIONAL EDUCATIONAL DUCATIONAL EDUCATION (g) Description of non-cash assistance | Part III | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990); Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 ٥. 0 0 ö 0 (e) Amount of non-cash assistance ö ö 10,000. 5,000. 10,000. 5,000. 16,830, (d) Amount of cash grant 65,000, 000,09 5,000. 30,000. (c) IRC section if applicable 23-3009913 61-1597253 27-3347830 22-6062819 46-1833980 23-2290505 23-2728931 45-4720688 20-3124928 (b) EIN 640 PREEDOM BUSINESS CENTER DRIVE, POLICE EXPLORERS/PHILADELPHIA INDEPENDENCE MISSION SCHOOLS (a) Name and address of organization or government IMPACT CHARITY SERVICES INC POLICE - 8501 STATE ROAD -KING OF PRUSSIA, PA 19406 EGG HARBOR CITY, NJ 08215 209 PHILADELPHIA AVENUE PHILADELPHIA, PA 19136 PHILADELPHIA, PA 19154 PHILADELPHIA, PA 19148 1700 W THOMPSON STREET PHILADELPHIA, PA 19121 3616 S GALLOWAY STREET MT. LAUREL, NJ 08054 NORRISTOWN, PA 19401 11631 CAROLINE ROAD FOP SURVIVORS FUND KEVIN FROM HEAVEN AMBLER, PA 19002 40 E MAIN STREET MONTCO HERO FUND PHILABUNDANCE GESU SCHOOL PO BOX 1692 KEY REC INC PO BOX 354

1

CHILDREN'S FOUNDATION

Page 1 CHILD & FAMILY SUPPORT CHILD, & FAMILY SUPPORT (h) Purpose of grant or assistance THILD RECREATION PUBLIC SERVICE 20-8156916 CHILD SUPPORT THILD HEALTH DUCATIONAL RECREATION DUCATION (g) Description of non-cash assistance Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ؿ 0 0 ٥. 0 ٥. ö ö (e) Amount of non-cash assistance ö (d) Amount of cash grant 5,000. 5,000, 6,000. 50,000 7,500 5,000 15,000, 15,000 10,000 (c) IRC section if applicable 305 23-1365971 23-7373385 23-1355131 45-1347914 23-2764558 82-5475748 45-1606847 45-3613509 59-0634433 (b) EIN 150 S. INDEPENDENCE MALL WEST, STE WILLIAM LINEY MEMORIAL SCHOLARSHIP SERVICES - 1101 W MONTGOMERY AVE -BO TKACH FOUNDATION (JIM THORPERS) TEMPLE UNIVERSITY CAMPUS SAFETY (a) Name and address of organization or government HISTORIC PHILADELPHIA INC. LOCAL 22 CHARITABLE TRUST PRESTONS MARCH FOR ENERGY PLEASANTVILLE, NJ 08232 PHILADELPHIA, PA 19122 PHILADELPHIA, PA 19106 PHILADELPHIA, PA 19123 THE NEMOURS FOUNDATION PHILADELPHIA, PA 19139 JOSH VADELL POUNDATION SUMMIT HILL, PA 18250 WEST BERLIN, NJ 08091 WILMINGTON, DE 19803 4501 CHESTNUT STREET WILMINGTON, DE 19803 228 W HAZARD STREET 415 N. 15TH STREET 1801 ROCKLAD ROAD Schedule I (Form 990) SJ FOP LODGE 56 1208 FAUN ROAD PO BOX 156 PO BOX 101

Schedule I (Form 990)

36

FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION

Schedule (from 930) CTLLDEREN S FOUNDALLON [Part II] Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part III.)	Assistance to Go	LOIN vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		ZU-8136916 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE HILL POLICE 48 W. 6TH AVENUE PINE HILL, NJ 08021	75-3199825	n	2,000.	.0			PUBLIC SAFETY
POLICE ATHLETIC LEAGUE OF PHILADELPHIA - 3068 BELGRADE STREET - PHILADELPHIA, PA 19134	23-1507837	n	10,000.	0	_		RÉCREATION
SPECIAL OLYMPICS OF CARBON COUNTY 2570 BOULEVARD OF THE GENERALS, SUI NORRISTOWN, PA 19403	23-2078543	- m	5,000.	0.			RĒCRĒĀTION
	-						
<b>;</b>							
							Schedule I (Form 990)

CHILDREN'S FOUNDATION

Schedule I (Form 990) (2018) CHILDREN 'S FOUNDATION (Form 990) (2018) (Grafits and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III (Arial Can, be duplicated if additional space is needed.

Page 2

20-8156916

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) RECOMMENDATIONS FOR GRANTEES. FINANCIAL COMMITTEE MAKES RECOMMENDATIONS TO APPLICATIONS ARE COLLECTED IN AUGUST. FINANCIAL COMMITTEE MEETS AND MAKES THE SEPTEMBER BOARD MEETING. THE BOARD VOTES ON 野部作[V]. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE BOARD OF DIRECTORS AT (a) Type of grant or assistance ري :: PART I, LINE GRANTEES

THE EXECUTIVE DIRECTOR SENDS EMAILS TO ALL SELECTED BENEFICIARIES INFORMING

THEM OF THEIR GRANT AND INVITING THEM TO THE ORGANIZATION'S 'THANK YOU

PARTY, IN OCTOBER, WHERE CHECKS WILL BE DISBURSED.

832102 11-02-18

Schedule I (Form 990) (2018)

#### FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION

Schedule! (Form 990) CHILDREN'S FOUNDATION	20-8156916 Page 2
Partity Supplemental Information	
•	
IF A BENEFICIARY ATTENDS THE THANK YOU PARTY, THEY RECEIVE	A CHECK ALONG
WITH A LETTER DETAILING THE INTENDED USE OF THE FUNDS. IF A	BENEFICIARY
DOES NOT ATTEND, THE CHECK WILL BE SENT TO THE RECIPIENT AL	ONG WITH A
LETTER DETAILING INTENDED USE OF FUNDS.	
THE FOLLOWING AUGUST, WHEN NEW APPLICATIONS ARE SENT, A LET	TER IS SENT TO
ALL PRIOR YEAR BENEFICIARIES ASKING THEM TO CONFIRM USE OF	GRANTS.
APPLICANTS WILL NOT BE CONSIDERED FOR A NEW GRANT UNLESS TH	E CONFRIMATION
LETTER IS COMPLETED AND SUBMITTED.	
	·
	<u>.</u>
_:	

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Rovenue Service

Name of the organization

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.
FAMILIES BEHIND THE BADGE

2018

Open to Public
Inspection
Employer identification number

	CHILDREN'S F	OUNDAT	NOI		20-8156916
Pa	rt Types of Property				
<b></b>		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art · Works of art				
2	Art - Historical treasures			· · · · · · · · · · · · · · · · · · ·	
3	Art - Fractional interests			_	
4	Books and publications			<del>                                     </del>	
5			. = = =	<del>  </del>	
6	Clothing and household goods				
7	Cars and other vehicles				
	Boats and planes				
8	Intellectual property				
9	Secunties - Publicly traded			·	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	9	40,923.MA	ARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (RAFFLE PRIZES)	Х	2	6,254.MA	RKET VALUE
26	Other (				
27	Other (				
28	Other (				<del></del>
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions	
	for which the organization completed Form 828				
	· ·				Yes No
30a	During the year, did the organization receive by	contributio	n anv property rec	orted in Part I, lines 1 through 2	<u> </u>
	must hold for at least three years from the date			_	1 1 1
	exempt purposes for the entire holding period?				
h	If "Yes," describe the arrangement in Part II.				1
31	Does the organization have a gift acceptance p	nolicy that re	ouires the review	of any nonstandard contribution	ns? 31 X
	Does the organization have a gift acceptance p				~ ··········   <del>**</del>
UZd					32a X
t.	contributions?	• ••• •••••• •		******* ****** # ** *** **** * 1 ** *** *	- i - i - i
	If "Yes," describe in Part II.	- ۲ ( د ا مسمر راه		for which column (a) is at!	
33	If the organization didn't report an amount in co	oiumn (c) toi	a type of property	y ior which column (a) is checke	o, [ 4], ]
	describe in Part II.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

14031114 794445 76135.0

	(Form 990) 2018 CHILDREN'S FOUNDATION	20-8156916	Page
Ŗaṛṭ[li]	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the organiza a combination of both Also comp	tion plete
		-	
	<u> </u>		•
		<u></u>	
		<del></del>	
<del></del>		<del></del>	
		.,	

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

FAMILIES BEHIND THE BADGE

Emple

Open to Public .Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

CHILDREN'S FOUNDATION	20-8156916
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
501(C)(3) THAT SUPPORT CHILDREN	····
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE TREASURER	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANY PERSON WHO HAS A FINANCIAL INTEREST IN A BUSINESS	THAT HAS A
TRANSACTION ARRANGEMENT WITH THE ORGANIZATION MUST PR	ESENT THE DETAILS OF
THAT TRANSACTION TO THE BOARD. THOSE WITH THE FINANCI	AL INTEREST MUST THEN
LEAVE THE ROOM WHILE THE REMAINDER OF THE BOARD DECID	ES WHETHER OR NOT A
CONFLICT OF INTEREST EXISTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUME	NTS, TAX RETURNS AND
FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC	THRU THE BOARD OF
DIRECTORS. THERE IS ALSO AN OPTION TO CONTACT THE ORG	ANIZATION FOR THIS OR
ANY OTHER INFORMATION ON ITS WEBSITE	
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
3	