Preparer

Use Only

Form	<u>gq</u>	00	Return of	Organization Exer	not Fro	m Ind	come T	ax	OMB No 154	5-0047
-OIIII				27, or 4947(a)(1) of the Internal	-				201	8
epartn nternal	nent of Reveni	the Treasury ue Service		r social security numbers on th w.irs.gov/Form990 for instruct					Open to f	
\ Fo	r the	2018 calen	dar year, or tax year beg	inning April 1	, 2018, a	nd endin	g Ma	ch 31	, 20 19	
3 Ch	neck if	applicable C	Name of organization CHIL	DREN FIRST, INC				D Employer	identification n	ımber
] Ad	dress	change	Doing business as					1	75-2100237	
] Na	ame ch	ange	Number and street (or P O	oox if mail is not delivered to street a	ddress)	Room/su	ıte	E Telephone	number	
] Init	tıal reti	urn P	O BOX 532147					9	72-264-0604	
] Fin	al retur	n/terminated	City or town, state or provin	ce, country, and ZIP or foreign posta	l code					
] An	nended	d return	RAND PRAIRIE, TX 750	50 _				G Gross rec	eipts \$	
] Ap	plicati	on pending F	Name and address of princip	pal officer DARCY HARRIS					bordinates? 🔲 Yes	
		2		GRAND PRAIRIE, TX 75050					ncluded? 🔲 Yes	
Ta	х-ехел	npt status	✓ 501(c)(3)	501(c) () ◀ (insert no) ☐ 49	947(a)(1) or	<u> 527</u>	`≛ 1f"≀	No," attach a li	st (see instructio	ns)
	ebsite		CHILDRENFIRSTING O				H(c) Group	exemption n	umber ▶	
				Association ☐ Other ► 1	L Yea	r of format	tion 1977	M State o	f legal domicile	TX
Par		Summa	•				,			
.		-	=	s mission or most significant						
<u> </u>				DOM AND HEALING OF THE H				XCEPTION	AL THERAPEL	TIC
2				AMILIES IN OUR GROWING AN						
2			_	ation discontinued its opera				1 _ 1	s net assets.	
				governing body (Part VI, line						1
				embers of the governing boo						1
			-	oyed in calendar year 2018 (F		•		5		
Activities & Governance			per of volunteers (estim	• •	10= ~'			· -		3
٦	7a b	Notal unrel	ated business revenue	from Part VIII, column (C), lir come from Form 990-T, line)		7a 7b		
+	D.	Net unitera	led business taxable in	come nom Form 990-1, line	30'	ं हिंदी	Prior Y		Current Ye	ar
	8	Contributio	ons and grants (Part VI	l line 1h)	1 9 2020	, _ l-	77101 1		-	
š			ervice revenue (Part VII		19 2060	· \ \		168291		31773
. I		-	· · · · · · · · · · · · · · · · · · ·	ımn (A), lines 3, 4, and 7d)	· · ·	. : . !		168812 46		<u>15703</u> 15
로 1				A), lines 5, 6d, 8c, 9c, 10c, a		7 . 4		83055		7907
			•	h 11 (must equal Part VIII, col				420204		55399
				(Part IX, column (A), lines 1–				420204		33333
			· ·	Part IX, column (A), line 4) .	•	—				
				loyee benefits (Part IX, column		_		168970		14628
2 1				t IX, column (A), line 11e) .				700070		
Txpenses				IX, column (D), line 25) ▶		Ī				
<u>آ</u> لَّ			- ·	(A), lines 11a-11d, 11f-24e)		·····		220067		23274
		•		(must equal Part IX, column	(A), line 25) . [· · · ·	389037		37902
1				line 18 from line 12			· · ·	31167		17496
se							Beginning of C	urrent Year	End of Ye	
Fund Balances	20	Total asset	ts (Part X, line 16) .			[197848		55875
豐 2	21	Total liabili	ties (Part X, line 26) .			[15234		20117
윤 2	22	Net assets	or fund balances. Sub	tract line 21 from line 20 .		[182614		35758
art		Signatu	re Block							
				ed this return, including accompanyi her than officor) is baced on all inforn					knowledge and	belief, it
-	_) Jan	on Harris	 				January 29, 2	020	
ign		Signat	ure of officer				D	ate		
lere			CY HARRIS, EXECUTIVE	DIRECTOR						
		Type o	r print name and title							
		Drunt/Tune	preparer's name	Preparer's signature	-	D	ite 1		PTIN	

CHRIS KNAUTH CPA

For Paperwork Reduction Act Notice, see the separate instructions.

► KNAUTH & COMPANY, PLLC

Firm's address ► 4433 PUNJAB WAY, SUITE 102, FRISCO, TX 75033

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

Cat No. 11282Y

Yes No No Form 990 (2018)

Form 99	0 (2018		Page 2
Part	Ш	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u>. 🗆</u>
1		y describe the organization's mission:	
		DREN FIRST PROVIDES HOPE AND HEALING THROUGH COUNSELING AND EDUCATION FOR ALL AGES, EMPHASIZING	
	THE	PREVENTION OF AND RECOVERY FROM PHYSICAL AND EMOTIONAL ABUSE	
	Did t	he organization undertake any significant program services during the year which were not listed on the	
_		Form 990 or 990-EZ?	7 No
		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	
		ces?] No
	If "Y€	es," describe these changes on Schedule O.	
4	Desc	ribe the organization's program service accomplishments for each of its three largest program services, as measur	ed by
		nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,
	the to	otal expenses, and revenue, if any, for each program service reported.	
4a		e:) (Expenses \$283435 including grants of \$) (Revenue \$157184)	
		DREN FIRST PROVIDES COUNSELING, GUIDANCE, AND EDUCATIONAL SERVICES SPECIFICALLY FOCUSED ON	
		DABUSE, NEGLECT, AND VICTIMIZATION TO THE RESIDENTS OF GRAND PRAIRIE, TEXAS AND SURROUNDING AREAS N	
	CON	D NOT AFFORD THESE SERVICES OTHERWISE	
			·
			·
		•	
4b	(Cod	e:) (Expenses \$ including grants of \$) (Revenue \$)	
	•		
		······································	
40	/C	2 \(\(\frac{\partial}{2} \)	_
4c	(Cod	e:) (Expenses \$including grants of \$) (Revenue \$)	
			·
			·
		•••••••••••••••••••••••••••••••••••••••	·
		•••••••••••••••••••••••••••••••••••••••	•
			-
4d	Othe	r program services (Describe in Schedule O.)	
	(Expe	enses \$ including grants of \$) (Revenue \$)	
4e	Total	program service expenses ► 283435	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
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_		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			3,1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	•	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
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		1

Form **990** (2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		/
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	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		✓_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/ _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	· ·	. <u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	_		
	Extensible number of employees accorded as Fermi M.O. Terrorichted of March 1.7.		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	٧	╁─
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	—	1
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	 		╁
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Va		· •
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		├
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	i		
11	Section 501(c)(12) organizations. Enter:	i		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		1
	excess parachute payment(s) during the year?	15		–
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
. •	If "Yes," complete Form 4720, Schedule O.	10		–
			n 990	/201

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Secti	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 19		162	140
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	6		√
6 7a	Did the organization have members or stockholders?	7a		▼
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		r
		46-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	
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	*	-
ь 12а	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	·	1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	•
13	Did the organization have a written whistleblower policy?	13	√	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	 Г (Sec	tion	501(c
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re DARCY HARRIS, EXECUTIVE DIRECTOR, 202 COLLEGE STREET, GRAND PRAIRIE, TX 75050 (972)264-0604	coras		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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 nor any related organization compensated any current officer, director, or trustee.										
	(C) Position									
(A) Name and Title	(B) Average hours per week (list any	box, to	unles er and	neck ss pe d a d	more rson irect	than on the state of the state	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CLAYTON FISHER	1									
PRESIDENT		✓	İ .	✓						
(2) BEVERLY GROGAN	1					<u> </u>				
VICE PRESIDENT		✓		1		<u></u>				
(3) RICHARD WHITMAN	1									
TREASURER		✓		1		l				
(4) SHARON BOSHART	1								•	
SECRETARY	<u> </u>	✓_		✓						
(5) REYES FLORES	1									
DIRECTOR	L	/		Ц.		<u>L</u>				
(6) CARY DOVER	1					•				
DIRECTOR	<u> </u>	✓	_	_	<u> </u>					
(7) CHASE DEBAUN	1		l	ĺ						
DIRECTOR	L	1	<u> </u>	ļ		ļ				
(8) KAREN COX	1			ļ	ļ	İ	ļ	l	ļ	
DIRECTOR	<u>.</u>	✓	L	_	<u> </u>	ļ	_			
(9) MARCY ENGLAND	1									
DIRECTOR		<u> </u>			_	<u> </u>				
(10) LINDSEY FISHER	1									
DIRECTOR	<u> </u>	✓	L.		L	ļ	_			
(11) DON GOLDSMITH	11			ļ		l	ļ	Į		
DIRECTOR	<u> </u>	✓	_	_	_					
(12) DEBORAH HEPWORTH	1									
DIRECTOR	ļ	/	ļ	ļ.,	L	ļ				
(13) MICHELLE MADDEN	11						1			
DIRECTOR	Ļ <u>.</u>	/	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>		
(14) PRUDENCE MATHIS	11									
DIRECTOR	<u> </u>		L_		<u> </u>	<u></u>		L	<u> </u>	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations	of fice individua	unles	Pos leck s pe	rson	than or trus Highest co	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	n from ons	(F) Estimated amount of other compensation from the organization
		below dotted line)	trustee	al trustee		руее	Highest compensated employee					and related organizations
	DANIEL SCESNEY	11	1									
DIREC (16)	PAMELA SKAAR	1	–			_						<u> </u>
DIREC	TOR		✓									
(17)	MILDRED WALKER	11	,									
DIREC		1	✓				ļ		<u> </u>			
DIREC	SAMMIE WALKER TOR	11	✓									
	GAIL WILLS	1						\vdash		· · · · · · · · · · · · · · · · · · ·		
DIREC	TOR		1					<u> </u>				
	DARCY HARRIS	40		1	,						ŀ	
	JTIVE DIRECTOR	 	-	-	_			├	70206			
35-17		ļ										
(22)												
(00)		<u> </u>						ļ				
(23)		ļ										
(24)											.	
J/												
(25)												
	Sub-total	<u> </u>					ļ		7000/		\dashv	
C	Sub-total			•			•		70206			
d	Total (add lines 1b and 1c)							•	70206			
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	oloyee, or high	nest compe	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ole d	con	per	nsatio					е 🔲 💮
_	ındividual											4 🗸
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or ind		5 √
Section	on B. Independent Contractors	. 11 100, 0	Ompi		00,	1000	100	01 2	- Porson	· · · ·	• •	1 0 1 1
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
					_			_				
								\vdash				
-	-							\vdash				
2	Total number of independent contractor	rs (includir	na bu	t no	ot I	ımıt	ed to	th	ose listed ab	ove) who		

Par	VIII	Statement of Revenue	Am american a 1 - 11 1	Dark VIII		
		Check if Schedule O contains a response or note	To any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaigns 1a				
Gifts, Grants ilar Amounts	b	Membership dues 1b]	ľ		
ts, (С	Fundraising events 1c	_			
흝	d	Related organizations 1d	_			
ns, Sim	е	Government grants (contributions) 1e	-			
utio	f	All other contributions, gifts, grants, and similar amounts not included above 1f 31773				
d is		<u> </u>	- i			
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Noncash contributions included in lines 1a–1f: \$ 4400 Total. Add lines 1a–1f	317736			
	''	Business Code	317730			
/enr	2a	GOVERNMENT GRANTS	137152	137152		
æ	b	COUNSELING FEES	19879	19879		
Š.	С					
Sen	d					
am	е					
Program Service Revenue	f f	All other program service revenue .				<u> </u>
	3	Total. Add lines 2a–2f	 			
	"	and other similar amounts)	153	153		
	4	Income from investment of tax-exempt bond proceeds ▶	133	100		
	5	Royalties				
		(i) Real (ii) Personal				72.00
	6a	Gross rents				
	b	Less rental expenses		1		
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶	ļ			
	7a	Gross amount from sales of assets other than inventory	_			
i	b	Less: cost or other basis and sales expenses .				
	С	Gain or (loss)				
1	d	Net gain or (loss)			-	
venue	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a 10415	0			
£	ь	Less: direct expenses b 2507	_			
		Net income or (loss) from fundraising events . ▶	79072			
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	b	Less direct expenses b				 _
	10a	Net income or (loss) from gaming activities				
		Less: cost of goods sold b				
	<u>C</u>	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a		+			
	b		 			
	d	All other revenue	+			
		Total. Add lines 11a-11d	 	· · · - ·		
	12	Total revenue. See instructions	553992	157184	 ···	

•					
	90 (2018)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com		2 7 7 7 7		
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			-	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				-
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	70600	49420	10590	10590
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	64161	42912	6348	14901
9	Other employee benefits	839	575	105	159
10	Payroll taxes	10682	7318	1343	2021
11	Fees for services (non-employees):				
а	Management				
b	Legal	4208		4208	
C	Accounting	6000		6000	
d	Lobbying			· · · ·	
е	Professional fundraising services. See Part IV, line 17	1140			1140
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2564	2564		
13	Office expenses	7549	5172	949	1428
14	Information technology				
15	Royalties				
16	Occupancy	50000	34258	6284	9458
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		į		_
19	Conferences, conventions, and meetings .				
20	Interest	_			
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization .	2767	2075	692	
23	Insurance	5344	3661	672	1011

b

Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e

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)

CONTRACT SERVICES

d PROGRAM SUPPLIES

e All other expenses

TELEPHONE

REPAIRS & MAINTENANCE

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	πX		
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	148560	1	269566
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	28314	3	40297
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1	
"		organizations (see instructions). Complete Part II of Schedule L			
Assets	7	La contraction of the contractio		6 7	
Ass	7 8	Notes and loans receivable, net		8	
-	9	Prepaid expenses and deferred charges	1566		1566
	10a	Land, buildings, and equipment: cost or	1300	-	1300
		other basis. Complete Part VI of Schedule D 10a 297376			•
	ь	Less: accumulated depreciation 10b 50052	19408	10c	247324
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	·	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	197848	16	558753
	17	Accounts payable and accrued expenses	15234	17	21171
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
<u>ia</u>	00			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties		23	180000
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15234		201171
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
Ses		complete lines 27 through 29, and lines 33 and 34.		:	
an	27	Unrestricted net assets	160217	27	350082
Bal	28	Temporarily restricted net assets [22397	28	7500
D D	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		j	
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
et A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	182614		357582
	_34	Total liabilities and net assets/fund balances	197848	34	558753

_	4	•
Page		4

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orm 9	00 (2018)			Page 12
Par	XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI			\square
1	Total revenue (must equal Part VIII, column (A), line 12)	1		553992
2	Total expenses (must equal Part IX, column (A), line 25)	2		379024
3	Revenue less expenses. Subtract line 2 from line 1	3		174968
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		182614
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	<u> </u>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		357582
	Check if Schedule O contains a response or note to any line in this Part XII	· ·		\square
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	✓
h	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	iled or	2b	
J	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓
	If the organization changed either its oversight process or selection process during the tax year, exp. Schedule O.	olain in		
3а	If the organization changed either its oversight process or selection process during the tax year, exp	olain in	3a	√

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

201**8**

Employer identification number CHILDREN FIRST, INC. 75-2100237 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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 university. 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 12 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 functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s), (III) Type of organization (i) Name of supported organization (ii) EIN (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the						alify under
01	Part III. If the organization fails to	quality unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	ion A. Public Support						
	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 funusual grants.")						
_		128702	83882	90238	120366	273736	<u>696924</u>
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	_	į			ļ	
3	The value of services or facilities						
	furnished by a governmental unit to the		i			İ	
	organization without charge						
4	Total. Add lines 1 through 3. \	128702	83882	90238	120366	273736	696924
5	The portion of total contributions by each person (other than a				*,	,	
	governmental unit or publicly		ì		-	İ	
	supported organization) included on					ľ	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support						696924
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1287,02	83882	90238	120366	273736	696924
8	Gross income from interest, dividends,	120,02	03002	70230	120300	273730	070724
Ū	payments received on securities loans,	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	rents, royalties, and income from]				Ì	
	similar sources	17	20	39	46	153	275
9	Net income from unrelated business						
	activities, whether or not the business	1				1	
	is regularly carried on		V				
10	Other income. Do not include gain or						
	foss from the sale of capital assets	1					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						697199
12	Gross receipts from related activities, etc.	•	•			12	<u> 261334</u>
13	First five years. If the Form 990 is for the	=	's first, second	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her			<u> </u>	<u> </u>	<u> </u>	<u> ▶ □</u>
<u>Secti</u>	on C. Computation of Public Suppor			··· <u>·</u>			
14	Public support percentage for 2018 (line 6		•	1, column (f))	\	14	99 960_%
15	Public support percentage from 2017 Sch				:·): -!	15	91 890 %
16a	331/3% support test—2018. If the organi				d line 14\is 33	1/3% or more,	
	box and stop here. The organization qual		• • •	-	· · · · · · · · · · · · · · · · · · ·		▶ 🗸
ь	331/3% support test – 2017. If the organization this box and stop here. The organization				\	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ore, cneck · · ► □
17a	10%-facts-and-circumstances test —20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circu	ımstances" te	st. The organiz	ation qualifies	as a publicly	. –
	organization					$\cdot \cdot \cdot / \cdot \cdot$	▶ 🗆
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fact	s-and-circums	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						\· · ▶ □
18	Private foundation. If the organization die	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and s	see
	instructions		· · · · ·	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	• • • •	· \
					Sch	edule A (Form 990	or 990\EZ) 2018

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

Socti	on A. Public Support	under the te	sis listed bei	ow, please co	omplete Part	11.)	
_		(-) 2044	4 > 5045	1 2 2 2 2 2	(" 55.5	1.0040	(0.7.)
Calen	dar year (ortiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
•	received. (Do not ligitude any "unusual grants.")					ı	
2	Gross receipts from admissions, merchandise			 			
_	sold or services berformed, or facilities	1		1	Ì		
	furnished in any activity that is related to the				ĺ		
_	organization's tax-exempt purpose				ļ <u>.</u>		
3	Gross receipts from activities that are not an	\		Ì			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to		ļ		_		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				<u> </u>		<u></u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3	N		}			
	received from disqualified persons .			<u> </u>	<u></u>		
b	Amounts included on lines 2 and 3						
	received from other than disqualified				İ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			<u></u>			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		٠.				
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			:	`		
	payments received on securities loans, rents,		\ \ \ \	\			
	royalties, and income from similar sources.						
ь	Unrelated business taxable income (less				İ		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b					_	
11	Net income from unrelated business			`			1
	activities not included in line 10b, whether			İ			
	or not the business is regularly carried on						
12	Other income. Do not include gain or]			
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				\ \ \	ļ	
	and 12.)					<u> </u>	
14	First five years. If the Form 990 is for the		n's first, secon	ıd, third, fourth	i, or fifth tax ye	eal\as a sectio	on 501(c)(3)
	organization, check this box and stop he			· · · ·	<u></u>	· · · ·	_ · · ▶ <u> </u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line					15	
16	Public support percentage from 2017 Sci			<u></u>	<u> </u>	16	%
<u>Secti</u>	on D. Computation of Investment In						
17	Investment income percentage for 2018 (•		17	<u>%</u>
18	Investment income percentage from 2017					18	<u>%</u>
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box	-	_	•	•		, –
b	33 ¹ / ₃ % support tests – 2017. If the organiz						
	line 18 is not more than 331/3%, check this	•	_	•			\
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔽
			·		Sch	edule A (Form 99	0 or 990-EZ) 2018

· Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a]
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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	4c		
5а	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			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b	_	ļ <u> </u>
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10a		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	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. on B. Type I Supporting Organizations	116		
3601	on b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		,	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	,		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Cast		1		
Secti	on 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		165	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
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 in		
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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ļ.	
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
_	activities but for the organization's involvement.	2b	ļ	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	 3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ja		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(a)(b) Supporting Organical Part V Type III Non-Functional Part V Type II Non-Functional Part V Type II Non-Functi	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru nızat	st on Nov. 20, 1970 (exp ions must complete Sec	lain in Part VI). See tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	<u> </u>	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		, , , , , , , , , , , , , , , , , , , ,	- 1
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	· · · · · · · · · · · · · · · · · · ·	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by .035.	6	· .	-
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		-
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	· · · · · · · · · · · · · · · · · · ·	
5 Income tax imposed in prior year	5	 	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	П		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III support	ing organization (see
instructions).			

Schedu	le A (Form 990 or 990-EZ) 2018			Page 7			
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
Sect	ion D-Distributions			Current Year			
1							
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted				
	organizations, in excess of income from activity	·	,,,				
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets		 				
5	Qualified set-aside amounts (prior IRS approval required)			·····			
6_	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.		· · · :				
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See	1					
	instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
	b From 2014						
	c From 2015						
	d From 2016						
e_	From 2017						
f	Total of lines 3a through e	· · · · · ·					
<u> </u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2018 distributable amount						
_ <u>-</u> -	Carryover from 2013 not applied (see instructions)						
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	 					
4	Distributions for 2018 from Section D, line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount			-			
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if		 	<u>. </u>			
3	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
Ū	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7						
a	Excess from 2014						
b	Excess from 2015						
C	Excess from 2016						
d				7			
e							
		l		· · · · · · · · · · · · · · · · · · ·			

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

SCHEDULE D · (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

► Comp Part IV, li

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

CHILDREN FIRST, INC. 75-2100237 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule	D	(Form	990	2018
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Par	till Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the	follov	wing that are a s	ignificant i	use of its
а	☐ Public exhibition		d [Loan	or exchange	e proa	rams		
b	☐ Scholarly research								
С	Preservation for future generation	s							•••
4	Provide a description of the organiza		nd expla	in how th	nev further t	he ord	anization's exen	nnt nurnos	e in Part
	XIII.		a onpia		,		jameanon o chom	ipi paipoo	o mi i dit
5	During the year, did the organization	solicit or receive	donations	of art I	historical tra	agura	s or other simils	ar	
•	assets to be sold to raise funds rather	r than to be mainta	ined as n	art of the	organizatio	n'e cc	ollection?		□ N-
Par	t IV Escrow and Custodial Arra		inca ao p		- Organizatio		inconon:	res	□ No
	Complete if the organization 990, Part X, line 21.		on Forr	n 990, F	Part IV, line	9, or	reported an am	nount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	er interm	ediary fo	r contribution	ons or	other assets no	_	□ No
b	If "Yes," explain the arrangement in P							mount	
С	Beginning balance					4.0	+	Tioditi	
ď						10			
	Additions during the year			• • •		1d			
e	Distributions during the year					1e			
f	Ending balance					1f	1		
2a	Did the organization include an amoun								
	If "Yes," explain the arrangement in P	art XIII. Check here	of the ex	planation	n has been p	provide	ed on Part XIII .		_Ц
Par	t V Endowment Funds.								
	Complete if the organization							1	
	_	(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance								
ь	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and							1	
	programs			l		Ī			
f	Administrative expenses					-		 	
g	End of year balance		 ,				· ·	+	
2	Provide the estimated percentage of t	ha current year on	d balance	/line 1a	actuma (a)	<u> </u>		<u> </u>	
a	Board designated or quasi-endowmer	ne current year en	oz	(inte 19,	, column (a))	neia a	15.		
b	Permanent endowment ▶	0/	- 70						
	Temporarily restricted endowment ▶	70							
C	•	%	00/						
20	The percentages on lines 2a, 2b, and			.4 4L_	A E -1-1 -				
Ja	Are there endowment funds not in the organization by:	e possession or thi	e organiz	ation tha	it are neid a	na aa	ministered for the	_	
	· · · · · · · · · · · · · · · · · · ·							$\overline{}$	es No
	(i) unrelated organizations							3a(i)	
_	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(II), are the related of							3b	
4	Describe in Part XIII the intended uses		n's endov	vment fu	nds.				
Part									
	Complete if the organization	answered "Yes"	on Forn	n 990, P	art IV, line	11a. S	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or oth (investme			other basis her)		Accumulated apreciation	(d) Book v	alue
1a	Land	.			46920				46920
b	Buildings		—— 		183762		0		183762
c	Leasehold improvements				27608		18430		
d	Equipment	·							9178
e	Other				25515		25515		0
	Add lines 1a through 1e. (Column (d) m	uet equal Form 90	O Port V	column	13571 (P) /rpo 10c		6107		7464
		iasi squai i Ullii 33	u, i dil A.	Joidinii	10/. 11/10 100				247324

Part VII	Investments - Other Securities				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	<i>,</i>	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)		**			
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments – Program Related		000 D+ N/ L	. 44 . 0 5	000 Day V Iva 40
	Complete if the organization answ	wered "Yes" on For		, 	
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					
_(4)					
_(5)					
(6)			ļ	ļ	
(7)					
(8)				ļ	
(9)	o) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.		L	<u> </u>	
Partix	Complete if the organization ansi	warad "Vas" on Ear	m 000 Dort IV lin	a 11d Can Form	000 Part V line 15
) Description	m 990, Part IV, III	e Tru. See Form	(b) Book value
(1)					(5) 2001 14140
(2)	· · · · · · · · · · · · · · · · · · ·		·		
(3)		·			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15)		. >	
Part X	Other Liabilities.		<u> </u>		
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)		L			
(5)					
(6)					
(7)					
(8)		····			
(9)	1				
	o) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footno	ote to the organization	n's financial stateme	ents 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

Par			r Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	553992
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1		
a b	Net unrealized gains (losses) on investments	2a 2b	-	
C	Recoveries of prior year grants		⊣	
ď	Other (Describe in Part XIII.)		- 1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	553992
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		 	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIII.)	4b	7	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	553992
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	379024
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	379024
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)		 	
С 5	Add lines 4a and 4b		4c 5	27002
	XIII Supplemental Information.		1 3	379024
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		information.	
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Schedule D (Fo.		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number CHILDREN FIRST, INC 75-2100237 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а b ☐ Internet and email solicitations f ☐ Solicitation of government grants ☐ Phone solicitations □ Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (or retained by) organization (i) Name and address of individual or entity (fundraiser) (or retained by) fundraiser listed in col. (i) (iv) Gross receipts from activity custody or control of contributions? (II) Activity Yes No 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lir Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LITTLE LUNCHEON	GOLFFUN	3	(add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	58097	36861	9192	104150
-	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	58097	36861	9192	104150
=		11102)	36077	30001	7172	
	4	Cash prizes				-
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	7500	3268		10768
Direc	8	Entertainment		3720		3720
	9	Other direct expenses .	5162	4176	1252	10590
	10	Direct expense summary. Add lines 4 through 9 in column (d)		25078		
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	•	79072

Revenue col (a) through col (c)) bingo/progressive bingo Gross revenue Direct Expenses Cash prizes . . Noncash prizes Rent/facility costs . 5 Other direct expenses Volunteer labor . No No 6 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: If "No," explain: ☐ Yes ☐ No Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . If "Yes," explain:

Schedu	ılę G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ 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	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	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 of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions.		
а	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
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SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization

CHILDREN FIRST, INC 75-2100237 Part I Types of Property (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art-Historical treasures . . 3 Art - Fractional Interests . . . 4 Books and publications . . . 5 Clothing and household goods 6 Cars and other vehicles . . 7 Boats and planes Intellectual property 8 9 Securities—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 . . . Real estate-Commercial . . 16 17 Real estate - Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts 25 Other ► (OFFICE SPACE) 44000 FAIR MARKET VALUE 26 Other ► (_____) Other ► (27 28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 1 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Page	2
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Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.		
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SCHEQULE O . (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047
2018
Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number CHILDREN FIRST, INC 75-2100237 FORM 990, PAGE 6, PART VI, LINE 11B A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED FORM 990, PAGE 6, PART VI, LINE 12C THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FORM 990, PAGE 6, PART VI, LINE 15A THE PROCESS FOR DETERMING COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS FORM 990, PAGE 6, PART VI, LINE 15B THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS FORM 990, PAGE 6, PART VI, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization	Employer identification number	
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