

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0047

For	cale	ndar year 2019 or tax year beginning		, and ending	·
		foundation CHILDREN'S RESEARCH AN	A Employer identification number		
		TITUTE, INC.	D DDOCITION		52-1317889
		ind street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number
	1/0	FOS, PO BOX 30218	617-489-7300		
		own, state or province, country, and ZIP or foreign pRLESTON, SC 29417	C If exemption application is pending, check here		
_		all that apply. Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations, check here
		Final return	Amended return	,	
		Address change	Name change		Foreign organizations meeting the 85% test, check here and attach computation
щ		type of organization X Section 501(c)(3) e		()4-	E If private foundation status was terminated
느			Other taxable private found		under section 507(b)(1)(A), check here
		arket value of all assets at end of year J Account	•	Accrual	F If the foundation is in a 60-month termination
	rom F • \$		ther (specify) nn (d), must be on cash bas	is)	under section 507(b)(1)(B), check here
Ť	irt I	Analysis of Revenue and Expenses		1	(c) Adjusted net (d) Disbursements
	11:L{1	If the total of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net (u) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	615,896.	200 (N. 1980) A. B. B. B. C. B	Activities of the second common and the seco
•	2.	Check I if the roundation is not required to attach Sch. 8 Interest on savings and temporary cash investments	un ann am de la companya de la comp La companya de la companya del la companya del companya del la companya del la companya de la companya del la companya de	in disiminin ni propinsi di pr	ECEMED SANCES
	4	Dividends and interest from securities	,		0 0
	5a	Gross rents			S JUL 0 3 COZU
	b	Net rental income or (loss),	Control of the Contro	100000000000000000000000000000000000000	
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a			2 OGDEN UND STATE
eve	7	Capital gain net income (from Part IV, line 2)		0.	
Œ	8	Net short-term capital gain		eat wakeren	0.
	9	Income modifications Gross sales less returns			
	١.	and allowances			AND THE PROPERTY OF THE PROPER
. •	l	Less Cost of goods sold			
	11	Gross profit or (loss) Other income		3748240 458853 5 25 25 25 35 35	
	12	Total. Add lines 1 through 11	615,896.	0.	0.
_	13	Compensation of officers, directors trustees etc	33,000.	0.	0. 33,000.
	14	Other employee salaries and wages	,		
LO.	15.	Pension plans, employee benefits	53,959.	0.	0. 53,959.
penses	I	Legal fees	2-000		2 000
	ł	Accounting fees STMT 1	2,000.	0.	0. 2,000.
Е	ľ	Other professional fees Interest			
and Administrative Ex	-	Taxes STMT 2	2,635.	0.	0. 2,635.
ııstı	19	Depreciation and depletion	,		
Ē	20	Occupancy			
ÄÄ	21	Travel, conferences, and meetings	11,561.	0.	0. 11,561.
auc	22	Printing and publications	. 11 072		0 11 072
Operating	23	Other expenses STMT 3	11,973.	0.	0. 11,973.
era	24	Total operating and administrative	115,128.	0.	0. 115,128.
ဝိ	25	expenses Add lines 13 through 23 Contributions, gifts, grants paid	504,000.		504,000
		Total expenses and disbursements	202/0000	A STATE OF THE PROPERTY OF THE	- SW-200 C-
	,	Add lines 24 and 25	619,128.	0.	0. 619,128.
		Subtract line 26 from line 12.	-3,232.		
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	-3,232.	0.	
		Adjusted net income (if negative, enter -0-)			0.



Form **990-PF** (2019)

THE CHILDREN'S RESEARCH AND EDUCATION INSTITUTE, INC.

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		Balance Sheets Allached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End o	i year 'Ei'''
P	arı	column should be for end of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	T •	Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·		
	<u>'</u>	•			
		Savings and temporary cash investments		a constitution of the constitution of	The section of the se
) 3	Accounts receivable		A property of the control of the con	。但如此的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人
		Less: allowance for doubtful accounts	<u> </u>		
	4	Pledges receivable 🔛	AND THE RESIDENCE OF THE PARTY	MIXTHE STATE	E LEVEL CONTRACTOR
	Į	Less allowance for doubtful accounts >			,
	5	Grants receivable			
	· ·	Receivables due from officers directors, trustees, and other			
	١		ŧ		
		disqualified persons ,	dally same sit yas a probably state	and was trained at the sales may be taken in the	Provided the second of the second section and second
	7	Other notes and loans receivable		COMMUNICATION OF	STATE OF STATE OF
	i	Less: allowance for doubtful accounts 🕪			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		· ·	
ž	10a	investments - U.S. and state government obligations		1	
	١	Investments - corporate stock			
	1	Investments - corporate bonds			
	i	•	PROGRAMMENT OF THE PROGRAMMENT O	andministration which there was	.e. TO EXTENSE OF THE SECOND O
	11	investments land buildings, and equipment basis	Palmarez penintura	MELLO FOLDING	Being being being
		Less accumulated depreciation			
	12	Investments - inortgage loans			
	13	Investments - other			L
	14	Land, buildings, and equipment basis	HI CONTROLLED	CONTRACTOR OF THE PARTY OF THE	MANUFACTURE TO THE PARTY OF THE
		Less accumulated depreciation	O P TITLE BOX 1140 MINER SEPRENCE	the indicate and an indicate and a second of the second of	
	15	Other assets (describe ► STATEMENT 4)	1,562.	0.	
	1	Total assets (to be completed by all fillers - see the			
	'0	,	1,562.	\times .	. 1 🗸 0
		instructions. Also, see page 1, item ()	1,3021		2000.00 September 200 and an or 1975.
•	1	Accounts payable and accrued expenses			30.46年4月4日
	18	Grants payable			SERVED PARTY AND THE PARTY AND
ŝ	19	Deterred revenue			种种域的形式或127
Labilities	20	Loans from officers, directors, tri-stees, and other disqualified porsons			这种的种种种种种的
эè	21	Mortgages and other notes payable	10,	i '	设理等的证明
Ĩ	22	Other habilities (describe) STATEMENT 5	23.	1,693.	建設的開始的
		The same of the sa			SAME TO SECURE STREET,
	23	Total liabilities (add lines 17 through 22)	23.	1,693.	
			<u> </u>	4.	lean carrie and a restriction of
	ĺ	Foundations that follow FASB ASC 956, check here		1	
es		and complete lines 24, 25, 29, and 30	·	1 may	
anc.		Net assets without donor restrictions			WASHINGTON TO MAKE WASH
Balances	25	Net assets with donor restrictions			The strain of the strain
		Foundations that do not follow FASB ASC 958, check here 🔊 🗓			EATTH TO THE
Fund	'	and complete lines 26 through 30 (1994)			
P. F	26	Capital stock, trust principal, or current lunds	0.	0.	Service Control
	27	Paid-in or capital surplus, or land, bldg, and equipment fund	·	· · · · · · · · · · · · · · · · · · ·	TEATHER STREET
Assets	l	Petained earnings, accumulated income, endowment, or other funds	1,539.	-1,693.	CHI WALLER BUT WALLER
Ä			1,539.	-1,693.	HALINESSHIMMLANESS
Net	29	Total net assets or fund balances	1,337.	1,000.	Mark the state of
7	١	着も とも はいことがく 一郎	. 1 560	·	
	30 -	Total liabilities and net assets/fund balances**	1,562.	0.	SALES OF THE SECOND STREET
P	art	Analysis of Changes in Net Assets or Fund B	Balances		
_		The contraction of the contracti	<u> </u>		
		net assets or fund balances at beginning of year - Part II, column (a), line	.29	· · · · · · · · · · · · · · · · · · ·	
	(mus	t agree with end-of-year figure reported on prior year's return)	•		1,539.
2	Enter	amount from Part I, line 27a		2	-3,232.
3	Other	fincreases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4.	≥ (1: -1,693.)
		eases not included in line 2 (itemiza) 🐎 👙	1	5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumo (h), une 29	5,	17-1,693
-	- Jiai	Act assess of the a calameter at one of year time a time of 1 at 11,0			Feun 990-PF (2019)

Form 990-PF (2019) INSTI

INSTITUTE, INC.

52-1317889

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)					(b)	How acquired - Purchase - Donation	(c)) Date acquired mo , day, yr)		d) Date sold no., day, yr)
1a										
b NOI	VE		·							
C					ļ					
<u>d</u>					_					
e			T		<u>l</u> ,		ــــــــــــــــــــــــــــــــــــــ		ļ	
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale			(((h) Gain or (li e) plus (f) min		<u>-</u>
<u>a</u>										
<u>b</u>										
d d				·····						
e										
Complete only for assets showing	חו חומה מ	column (h) and owned by t	the foundation	n on 12/31/69			/IV Ga	ains (Col (h) g	iain minus	
Complete only for assets showing		(j) Adjusted basis		xcess of col. (1)), but not less		
(i) FMV as of 12/31/69	'	as of 12/31/69		col (j), if any				osses (from c		
a				,,,,						
<u>b</u>					-					
C					\neg					
d										
e										
	·	C If goin, also antes	un Doet I Juna	7	$\overline{}$					-
2 Capital gain net income or (net cap	otal loss)	If gain, also enter If (loss), enter -0-	in Part I, line	<i>1</i> 27	- }	2				-
, -	•	•		•	7					
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c			a (6)		٦l					
If (loss), enter -0- in Part I, line 8) IIIII (C	•)				3				
Part V Qualification Ur	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estment	ncon	ne		
(For optional use by domestic private	foundatio	ons subject to the section 4	940(a) tax or	net investment in	come	:)				
			` '			,				
If section 4940(d)(2) applies, leave the	is part bla	ank								
Was the foundation liable for the secti	on 4942	tax on the distributable am	ount of any ye	ear in the base per	riod?					Yes X No
If "Yes," the foundation doesn't qualify										
1 Enter the appropriate amount in ea	ach colur	nn for each year, see the in	structions be	fore making any e	ntries					
(a) Base period years		(b)			(c)			Dis	(d) stribution i	atio
Calendar year (or tax year beginnin	g ın)	Adjusted qualifying dist	ributions	Net value of no	nchar	itable-use ass	ets	(col (b)	divided b	y col (c))
2018			9,946.				0.			.000000
2017		61	1,284.			20	07.	2	2,953	.062802
2016			7,332.			17,1		·		.987641
2015			6,046.			176,93			3	.538242
2014		28.	5,470.			325,13	14.			.878061
2 Total of line 1, column (d)							L	2 2	<u>2,993</u>	.466746
3 Average distribution ratio for the 5	-year bas	e period - divide the total o	n line 2 by 5 (0, or by the numbe	er of y	ears				
the foundation has been in existen	ce if less	than 5 years					L	3	598	.693349
							ľ			
4 Enter the net value of noncharitable	e-use ass	ets for 2019 from Part X, I	ine 5				L	4		
5 Multiply line 4 by line 3							L	5		0.
6 Enter 1% of net investment income	e (1% of I	Part I, line 27b)						6		0.
							Γ			
7 Add lines 5 and 6								7		0.
							Γ			
8 Enter qualifying distributions from	Part XII, I	line 4					L	8	6	19,128.
If line 8 is equal to or greater than I See the Part VI instructions	ine 7, che	eck the box in Part VI, line	1b, and comp	lete that part using	g a 1%	6 tax rate				

THE CHILDREN'S RESEARCH AND EDUCATION INSTITUTE. INC.

Form 990-PF (2019) INSTITUTE, INC.	0/ \ 40.40/\ 40.40/\	52-1317		Pag	
Part VI Excise Tax Based on Investment Income (Section 494)		948 - see	instru	ctions	<u>) </u>
1a Exempt operating foundations described in section 4940(d)(2), check here and element of the section 4940(d)(2), check here					- 1
Date of ruling or determination letter (attach copy of letter if neo					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► L and enter 1%	1			<u>.</u>
of Part I, line 27b					1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	6 of Part I, line 12, col (b) 丿				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, enter -0-)	2			
3 Add lines 1 and 2		3		(.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, or	thers, enter -0-)	4			.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	•	5		(.
6 Credits/Payments					_
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a 483.				
b Exempt foreign organizations - tax withheld at source	6b 0.				
c Tax paid with application for extension of time to file (Form 8868)	6c 0.				-
d Backup withholding erroneously withheld	6d 0.				
7 Total credits and payments Add lines 6a through 6d	<u> </u>	7		483	<u></u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attain	ched	8).
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9			-
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		483	₹
11 Enter the amount of line 10 to be Credited to 2020 estimated tax	483. Refunded	11) <u>.</u>
Part VII-A Statements Regarding Activities	403 • Reinlidea				
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it participate or intervane	10	T 1	Yes N	_
	ration of the it participate of intervene	111	$\overline{}$) X	
any political campaign?	and Can the instructions for the defin		1a	X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos		ition	1b	- -	<u>`</u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	i any materials published or				}
distributed by the foundation in connection with the activities				$- -\frac{1}{2}$	d
c Did the foundation file Form 1120-POL for this year?			1c	^	<u>`</u> .
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the			1 1		1
(1) On the foundation > \$ 0. (2) On foundation managers			1 1	1	- [
e Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax imposed on foundation		1 1	1	1
managers ► \$ 0.			-	_	لب
2 Has the foundation engaged in any activities that have not previously been reported to the IF	RS?		2	X	
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles of incorporation, o	r			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ر ی		4a	Х	<u></u>
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	46		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X	<u></u>
If "Yes," attach the statement required by General Instruction T			1 1	.	1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther				
 By language in the governing instrument, or 			1 1	l	
 By state legislation that effectively amends the governing instrument so that no mandatory 	directions that conflict with the state	law		_	
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	lete Part II, col. (c), and Part XV		7	X	
					_i
8a Enter the states to which the foundation reports or with which it is registered. See instruction	ns 🕨				1
MA,DC					j
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate)				1
of each state as required by General Instruction G? If "No," attach explanation		N/A	8b		
9 Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(j)(3) or 4942(j)(5) for cale		\Box		7
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," com			9	$\overline{\mathbf{x}}$	- 1
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul			10	Х	_
		For		PF (201	19)

Form 990-PF (2019) INSTITUTE, INC.

52-1317889

Part VII-A	Statements	Regarding A	Activities	(continued,
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"	·	W. Z	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ DAVID HARRIS Telephone no. ▶843-62	28-1	890	
	Located at ►C/O FAMILY OFFICE SOLUTIONS PO BOX 30218, CHARLES ZIP+4 ►29	9417		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	20 (3)		
	foreign country >			
Pa	Int VII-B. Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)		18.18	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		30 May 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? LX Yes L No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			70.55
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	2287		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	#XX		<u>-38,698</u>
	before the first day of the tax year beginning in 2019?	1c	(:45 f)	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	30.00		
	defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		1. 25 4.3°	1300
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years >	1500 17 J	13.7	(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	250.23	<u> </u>	
_	statement - see instructions) N/A	2b	CX \$4.0850	41 N 1896-34
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
٠	Did the foundation hald make the a COV density advantagement of the Coverage o			g: 32
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
		Sec.		
U	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings accounted by cuttor because the 10- 15- or 20-year first phase holding period? (the Form 4720)			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019) N/A	202	2333	
4.	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	\dashv	<u>x</u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	**** <u>#</u>	A 2000
U	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	63 88 2	X
	· · · · · · · · · · · · · · · · · · ·	m 000	DE	

Form 990-PF (2019) INSTITUTE, INC. 52-1317889

Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contir	nued)			
5a During the year, did the foundation pay or incur any amount to					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es 🗶 No			
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indir					İ
any voter registration drive?		Y	es 🗶 No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y	es 🗶 No			ł
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section					1
4945(d)(4)(A)? See instructions		Y	es 🗶 No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or					ŀ
the prevention of cruelty to children or animals?		Y	es 🗓 No			l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	in Regulations				
section 53 4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check	here		▶□			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined				ļ
expenditure responsibility for the grant?	Ŋ	I/A □ Y	es 🛄 No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d)			İ			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					ŀ
a personal benefit contract?		Y	es 🗓 No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		[6b		X
If "Yes" to 6b, file Form 8870			[
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🗶 No 📗	<i>'</i>		ĺ
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A [7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	\$1,000,000 in remuneration o		[
excess parachute payment(s) during the year?			es X No			
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highl	У			
Paid Employees, and Contractors		<u></u>				
1 List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	T.,	- 1 Evo.	2000
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and delerred	ac	e) Exp count,	, other
DAVID B HARRIS	to position	enter -0-)	compensation	-	allowar	ices
C/O FAMILY OFFICE SOLUTIONS, PO BOX 2	PRESIDENT, DI	RECTOR				
MOUNT PLEASANT, SC 29465	30.00	21,000.	42 100			^
		ASURER, DI		'		0.
C/O FAMILY OFFICE SOLUTIONS, PO BOX 2	CHAIRMAN, IRE	MOOKEK, DI	RECT			
MOUNT PLEASANT, SC 29465	30.00	12 000	11 050			Λ
MOONI FILEASANI, SC 23403	30.00	12,000.	11,850	-		0.
	•					
		1				
				+		
				1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		<u> </u>		
	(b) Title, and average		(d) Contributions to	1 6	e) Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	l ac	count, Illowan	other
NONE	acvoice to position		compensation	+ '	IIIOWaii	003
		 		+-		
				1		
				+		
				+		
				 		
Total number of other employees paid over \$50,000			>			0

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Information About Officers, Directors, Trustees, Foundation Manag Paid Employees, and Contractors (continued)	ers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000) Type of service (c)	Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information's number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the Exp	enses
1		
SEE STATEMENT 6	1	<u>25,756.</u>
2		
3		
4		
		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Am	ount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	•	0.
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INSTITUTE, INC. Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 0. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b c Fair market value of all other assets 1c 0. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0. 2 Acquisition indebtedness applicable to line 1 assets 3 0. Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 0. Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4 5 0. Minimum investment return Enter 5% of kine 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here \ X and do not complete this part) Minimum investment return from Part X, line 6 2a Tax on investment income for 2019 from Part VI, line 5 b Income tax for 2019 (This does not include the tax from Part VI) 2b c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5

Part XII Qualifying Distributions (see instructions)

Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Deduction from distributable amount (see instructions)

a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	619,128.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the	, ,	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	619,128.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	619,128.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2019)

Part XIII Undistributed Income	(see instructions)	N/A		
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				
line 7				
2 Undistributed income, if any as of the end of 2019		· · · · · · · · · · · · · · · · · · ·		
a Enter amount for 2018 only				
b Total for prior years				
3 Excess distributions carryover, if any, to 2019	,	, ,		V V
a Froni 2014			, , , , , , , , , , , , , , , , , , , ,	
D) rom 2015			er i felluludu listiniski u A – 1 i resi	4 H T
c From 2016				
d From 2017				.,
e From 2018		to and administration	1, 10 (0)	41
f Total of lines 3a through e				**
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$	-			
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				<u> </u>
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2019 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019			-	
(If an amount appears in column (d) the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2018. Subtract line				
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2019 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)			, , , , , , , , , , , , , , , , , , , ,	
8 Excess distributions carryover from 2014			li (i i	
not applied on line 5 or line 7		N 1 1 00 0 1 N		
9 Excess distributions carryover to 2020				
Subtract lines 7 and 8 from line 6a O Analysis of line 9				
a Excess from 2015				
b Excess from 2016	⊣ ″ *			
c Excess from 2017	┪			
d Excess from 2018	1			
e Excess from 2019	1999 1 1 1 1 1 1 1 1 1	,	, 11111	

THE CHILDREN'S RESEARCH AND EDUCATION INC. Form 990-PF (2019) INSTITUTE. 52-1317889 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating 04/29/86 foundation, and the ruling is effective for 2019, enter the date of the ruling 4942(1)(5) X 4942(1)(3) or b Check box to indicate whether the foundation is a orivate operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2019 (b) 2018 (c) 2017 (d) 2016 (e) Total income from Part I or the minimum investment return from Part X for 0 0 0 0 each year listed 0 0 0 0 Ō. b 85% of line 2a c Qualifying distributions from Part XII, 617,332 619,128. 599,946 611,284 line 4, for each year listed 2,447,690. d Amounts included in line 2c not used directly for active conduct of 504.000504,000 504,000 504,000. 2,016,000. exempt activities e Qualifying distributions made directly for active conduct of exempt activities 115,128 95,946 107 ,284 113,332 431,690. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter. (1) Value of all assets ٥. (2) Value of assets qualifying 0. under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year 0 0 7. 572 579. c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 0. 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in 0. section 4942(j)(3)(B)(iii) (3) Largest amount of support from 0. an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) N/A Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here LX if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or email address of the person to whom applications should be addressed; b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

c Any submission deadlines

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INSTITUTE, INC.

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year PHILIP M SCHILIRO NONE TO SUPPORT POLICY 1496 WILDERNESS GATE ROAD RESEARCH WITH RESPECT SANTA FE, NM 87505 TO CHILDREN AND POVERTY. 252,000. PHILIP S BARNETT NONE TO SUPPORT POLICY 15 14TH STREET SE RESEARCH WITH RESPECT WASHINGTON, DC 20003 TO CHILDREN AND POVERTY. 252,000. Total 504,000. ▶ 3a b Approved for future payment NONE Total **▶** 3b ٥.

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INSTITUTE, INC.

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ter gross amounts unless otherwise indicated	Unrelated b	usīness income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d)	Related or exemp
Program service revenue	code	711100111	code	Amount	Turiction income
a	_				ļ
b					
c					
d					
e					
<u> </u>					
Fees and contracts from government agencies					· -
Membership dues and assessments					
nterest on savings and temporary cash	<u> </u>				
•					
nvestments					ļ
ividends and interest from securities					
et rental income or (loss) from real estate			\bot		
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal					
roperty			1 1		
Other investment income			1 1		
ain or (loss) from sales of assets other		· · · · · · · · · · · · · · · · · · ·	+ +		· · · · ·
nan inventory					
			+		
et income or (loss) from special events	<u> </u>		+		
ross profit or (loss) from sales of inventory	-				·
ther revenue					
	_		\bot		
	_				
		0		0.	
s subtotal Add columns (b), (d), and (e)		0			
ubtotal Add columns (b), (d), and (e) fotal Add line 12, columns (b), (d), and (e))	0	•	0. 13_	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations				13_	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations				13_	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities e No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
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ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) total Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations TXVI-B Relationship of Activities No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
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ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
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ubtotal Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations TXVI-B Relationship of Activities No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
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ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities a No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities e No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities e No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities e No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	
ubtotal Add columns (b), (d), and (e) otal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activities e No Explain below how each activity for which in	s to the Accom	plishment of E	Exempt	13_ Purposes	

INSTITUTE, INC.

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Раπ	XVII	Exempt Organ		sters to a	nd Transactions a	na Relationsh	ips With Noncha	ritable		
1 Di	d the ord			of the followin	g with any other organization	in described in section	on 501(c)	 	Yes	No
		•			g to political organizations?	in described in section	30 1(0)	1 1		
•		rom the reporting founda	•					1		
) Cash	rom mo roporang roomac			ya			1a(1)	İ	X
•) Other	assets						1a(2)		X
-	•	sactions:						<u> </u>		
		of assets to a noncharital	ble exempt organizat	tion				16(1)		X
-	•	ases of assets from a no						1b(2)		Х
(3) Renta	of facilities, equipment,	or other assets	ŭ				1b(3)		Х
(4) Reimt	ursement arrangements						1b(4)		Х
(5) Loans	or loan guarantees						1b(5)		Х
(6) Perfor	mance of services or me	mbership or fundrai	sıng solicitatio	ns			1b(6)		X
c Si	naring of	facilities, equipment, ma	ılıng lists, other asse	ts, or paid em	ployees			1c_		Х
d If	the answ	er to any of the above is	"Yes," complete the t	following sche	dule. Column (b) should alv	vays show the fair m	arket value of the goods,	other asse	ts,	
					ed less than fair market valu	e in any transaction	or sharing arrangement,	show in		
) the value of the goods,								
(a)Line	no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, and	sharing arra	ingemer	nts
				N/A						
, ,	_									
							-			
	+					<u> </u>				
										
	+					- 				
	+									
	+					+				
-						<u> </u>				
	\dashv									
	\dashv									
								·		
							- · · · · ·			
2a Is	the four	dation directly or indirect	tly affiliated with, or i	related to, one	or more tax-exempt organi	zations described				
ın	section	501(c) (other than sectio	n 501(c)(3)) or in se	ction 527?				Yes	X	No
b If	"Yes," co	mplete the following sch	edule.							
		(a) Name of org	anization		(b) Type of organization	(c) Description of relation	ship		
		N/A								
	Lundar		that I have avanuated the	o coturo includio	a accompanyon askadular and	statements and to the	host of my knowledge			
C:					ig accompanying schedules and n taxpayer) is based on all inform		has any knowledge	ay the IRS di turn with the	scuss ti prepare	nis er
Sign Here		/ -/ -			5/31/20	DDEGID	st	X Yes		tr T
	Z	ature of officer or trustee	<u> </u>		Date	PRESID	ENI	A Yes	<u> </u>	J No
	Olgii	Print/Type preparer's na		Preparer's s		Date	Check if PTIN			
		Trino type proparer sinc		1.00		5/2./2	self- employed			
Paid		G. MORGAN	WILLIAMS	>~IM	MICHA	4/31/20	' '	14426	รถก	
	arer	Firm's name ► FAM		E SOLU	TIONS	'/ /	Firm's EIN ▶ 47 – 5			
-	Only	, 5 Huillo P 2 2 222				•				
	•	Firm's address ▶ P .	O. BOX 30	218			 			
			ARLESTON,		417		Phone no. 843-6	28-18	390	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

2019

THE CHILDREN'S RESEARCH AND EDUCATION INSTITUTE, INC. 52-1317889 Organization type (check one) Filers of Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)

Name of organization
THE CHILDREN'S RESEARCH AND EDUCATION
INSTITUTE, INC.

Employer identification number

52-1317889

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COYDOG FOUNDATION C/O FAMILY OFFICE SOLUTIONS PO BOX 30218 CHARLESTON, SC 29417	\$603,990.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM HARRIS C/O FAMILY OFFICE SOLUTIONS PO BOX 30218 CHARLESTON, SC 29417	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
THE CHILDREN'S RESEARCH AND EDUCATION
INSTITUTE, INC.

Employer identification number

52-1317889

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organ THE CHII	LDREN'S RESEARCH AND	EDUCATION	Employer identification numbe		
	TITUTE, INC.		52-1317889		
co	cclusively religious, charitable, etc, contribu om any one contributor Complete columns (a mpleting Part III, enter the total of exclusively religious, se duplicate copies of Part III if additiona	 through (e) and the following line ent charitable, etc., contributions of \$1,000 or 	try For organizations less for the year (Enter this info once) \$\sim \frac{\\$\\$}{\} = \frac{\\$\\$}{\}		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
_		(e) Transfer of gift	<u> </u>		
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
	·				

CA CB CC	(D) CHARITABLE PURPOSES 2,000.
TO FORM 990-PF, PG 1, LN 16B 2,000. 0. 0.	2,000.
FORM 990-PF TAXES STA	ATEMENT 2
(A) (B) (C) EXPENSES NET INVEST- ADJUSTED DESCRIPTION PER BOOKS MENT INCOME NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES 2,635. 0. 0.	2,635.
TO FORM 990-PF, PG 1, LN 18 2,635. 0. 0.	2,635.
FORM 990-PF OTHER EXPENSES STA	ATEMENT 3
(A) (B) (C) EXPENSES NET INVEST- ADJUSTED DESCRIPTION PER BOOKS MENT INCOME NET INCOME	(D) CHARITABLE PURPOSES
STATE FILING FEES 375. 0. 0. DUES & SUBSCRIPTIONS 10,318. 0. 0. PAYROLL SERVICE 1,200. 0. 0. DISABILITY INSURANCE 80. 0. 0.	375. 10,318. 1,200. 80.
TO FORM 990-PF, PG 1, LN 23 11,973. 0. 0.	11,973.
FORM 990-PF OTHER ASSETS STA	ATEMENT 4
	IR MARKET VALUE
PREPAID HEALTH INSURANCE 1,562. 0.	0.
TO FORM 990-PF, PART II, LINE 15 1,562. 0.	0.

FORM 990-PF OTHER LIABILITIES		STATEMENT 5
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DISABILITY INSURANCE DUE TO H&L	23.	23.
TOTAL TO FORM 990-PF, PART II, LINE 22	23.	1,693.
FORM 990-PF SUMMARY OF DIRECT CHARITABLE A	CTIVITIES	STATEMENT 6

ACTIVITY ONE

THE INSTITUTE PERFORMED RESEARCH ON ISSUES RELATED TO THE WELL BEING OF CHILDREN, FOCUSING ON POST TRAUMATIC STRESS DISORDER, AIDS, POOR CHILDREN, AND EARLY CHILDHOOD DEVELOPMENT.

		EXPENSES
TO FORM 990-PF	, PART IX-A, LINE 1	125,756.