DLN: 93493054010192

2020

OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

Department of the

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		2020 ca plicable:	C Name of organization	ning 10-01-2020 , and ending 09-	30-2021	D Employ	er identi	fication number
	dress cl		CHILDREN INTERNATIONAL			44-600		
	me cha ial retu	-	% DANIELLE R MITCHELL Doing business as				,3,31	
		/terminated						
	ended olication	return n pending	Number and street (or P.O. box if ma 2000 EAST RED BRIDGE RD	ail is not delivered to street address) Room/	suite		ne numbe 942-2000	
			City or town, state or province, count KANSAS CITY, MO 64131	try, and ZIP or foreign postal code				
			·		T		• •	L13,375,598
			<b>F</b> Name and address of principal SUSANA ESHLEMAN	officer:		s this a group re	eturn for	
			2000 EAST RED BRIDGE ROAD KANSAS CITY, MO 64131			ubordinates? .re all subordina	ites	□Yes ☑No □Yes □No
Tax	-exem	pt status:	✓ 501(c)(3)	insert no.) 4947(a)(1) or 527	l l	ncluded? f "No," attach a	list (see	
W	ebsite	e: ► WW	W.CHILDREN.ORG	11321C110.)		Froup exemption	•	,
Forn	n of orc	ganization:	✓ Corporation ☐ Trust ☐ Assoc	ciation ☐ Other ▶	<b>L</b> Year of	formation: 1951		of legal domicile:
	rt I	Sumi	·				МО	
Гє			scribe the organization's mission or	most significant activities:				
	W	/E IŃVES	T IN A PLACÉ, A TEAM AND A PATH	HOUT OF POVERTY THROUGH SUPPOR	TER CONTR	RIBUTIONS TO (	GRADUAT	TE CHILDREN WHO
	<u> </u>	KE HEAL	THY, EDUCATED, EMPOWERED AND	D EMPLOYED.				
	_							
		Chask thi	s hav b  if the arganization dis-	continued its operations or disposed of	more than	25% of its not	t-	
				g body (Part VI, line 1a)		25% or its net a	3 assets.	1
	4 1	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	1
	5 7	Total num	nber of individuals employed in cal-	endar year 2020 (Part V, line 2a) .			5	23
	6 7	Total num	nber of volunteers (estimate if nec	essary)			6	9,00
	7a 7	Total unre	elated business revenue from Part	VIII, column (C), line 12			7a	22,74
	bι	Net unrel	ated business taxable income from	Form 990-T, line 39			7b	17,31
						Prior Year		Current Year
ā,	8 (	Contribut	ions and grants (Part VIII, line 1h)			111,146,	.962	93,640,93
Kəvenue Karenue		_	service revenue (Part VIII, line 2g)				0	
ς Υ			nt income (Part VIII, column (A), li	•		1,334,		2,563,32
			renue (Part VIII, column (A), lines 5				,772	22,74
		Total reve	≥nue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)		112,499,	,923	96,227,00
			nd similar amounts paid (Part IX, co			67,808,	168	50,880,69
	<b>14</b> E	Benefits p	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co	lumn (A), line 4)			0	· · ·
ડક્સ	14 E	Benefits p Salaries,	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee ber	lumn (A), line 4)....... nefits (Part IX, column (A), lines 5–10)		17,855,	0 ,985	17,219,12
enses	14 E 15 S 16a	Benefits p Salaries, Professio	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, colum	lumn (A), line 4)			0 ,985	17,219,12
Expenses	14 E 15 S 16a E	Benefits p Salaries, Professio Total fundr	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, colum raising expenses (Part IX, column (D), li	lumn (A), line 4)		17,855, 4,574,	0 .985 .213	17,219,12 5,582,35
Expenses	14 E 15 S 16a b 17 C	Benefits p Salaries, Professio Total fundr Other exp	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, colum raising expenses (Part IX, column (D), li penses (Part IX, column (A), lines 1	lumn (A), line 4)		17,855, 4,574, 12,996,	0 .985 .213	17,219,12 5,582,35 10,451,04
Expenses	14 E 15 S 16a E 17 C 18 T	Benefits p Salaries, Professio Total fundr Other exp Total exp	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, colum raising expenses (Part IX, column (D), li penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa	lumn (A), line 4)		17,855, 4,574, 12,996, 103,235,	0 .985 .213 .751	17,219,12 5,582,35 10,451,04 84,133,21
	14 E 15 S 16a E 17 C 18 T	Benefits p Salaries, Professio Total fundr Other exp Total exp	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, colum raising expenses (Part IX, column (D), li penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equa	lumn (A), line 4)	Begin	17,855, 4,574, 12,996,	0 .985 .213 .751 .117 .806	17,219,12 5,582,35 10,451,04 84,133,21
	14 E 15 S 16a E 17 C 18 T	Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue	nd similar amounts paid (Part IX, control paid to or for members (Part IX, control paid to or for members (Part IX, control paid to or for members (Part IX, column all fundraising fees (Part IX, column all fundraising expenses (Part IX, column (D), lines serves (Part IX, column (A), lines serves. Add lines 13–17 (must equal less expenses. Subtract line 18 fro	lumn (A), line 4)	Begin	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current	0 .985 .213 .751 .117 .806 .Year	17,219,12 5,582,35 10,451,04 84,133,21 12,093,79 End of Year
	14 E 15 S 16a   b T 17 C 18 T 19 F	Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, column raising expenses (Part IX, column (D), li penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equal less expenses. Subtract line 18 fro	lumn (A), line 4)	Begin	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current \( \)	0	17,219,12 5,582,35 10,451,04 84,133,21 12,093,79 End of Year
	14 E 15 S 16a E 17 C 18 T 19 F	Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue	nd similar amounts paid (Part IX, co poid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, colum raising expenses (Part IX, column (D), li penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equal less expenses. Subtract line 18 fro	lumn (A), line 4)	Begin	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current 85,569, 3,906,	0	17,219,12 5,582,35 10,451,04 84,133,21 12,093,79 End of Year 107,307,73 3,752,35
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Fund Balances	14 E 15 S 16a	Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue  Total asset  Signa Ities of pe	nd similar amounts paid (Part IX, co poid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, column raising expenses (Part IX, column (D), li penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equal less expenses. Subtract line 18 fro ets (Part X, line 16) ilities (Part X, line 26) es or fund balances. Subtract line 2 ature Block erjury, I declare that I have exami	lumn (A), line 4)	ng schedule:	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current 85,569, 3,906, 81,662,	0	17,219,12 5,582,35 10,451,04 84,133,21 12,093,79 End of Year  107,307,73 3,752,35 103,555,38 to the best of my
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Parances Parances	14 E 15 S 16a	Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue  Total asse Total liabi Net asset  Signa Ities of pe dide.	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee ber nal fundraising fees (Part IX, column aising expenses (Part IX, column (D), li penses (Part IX, column (A), lines 1 enses. Add lines 13–17 (must equaless expenses. Subtract line 18 from lets (Part X, line 16)	lumn (A), line 4)	ng schedule:	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current 85,569, 3,906, 81,662,	0	17,219,12 5,582,35 10,451,04 84,133,21 12,093,79 End of Year  107,307,73 3,752,35 103,555,38 to the best of my
Parances of the parances of th	14 E 15 S 16a   17 C 18 T 19 F 20 T 21 T 22 N till penaledge a	Benefits p Salaries, Professio Total fundr Other exp Total expe Revenue  Total asset  Signa Ities of pe and belied dge.	nd similar amounts paid (Part IX, control paid to or for members (Part IX, control paid to or for members (Part IX, control paid to or for members (Part IX, column all fundraising fees (Part IX, column all fundraising expenses (Part IX, column (A), lines 1 penses (Part IX, column (A), lines 1 penses. Add lines 13–17 (must equalless expenses. Subtract line 18 from lets (Part X, line 16)	lumn (A), line 4)	ng schedule:	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current \(^3\) 85,569, 3,906, 81,662, s and statement sed on all inform	0	17,219,12 5,582,35 10,451,04 84,133,21 12,093,79 End of Year 107,307,73 3,752,35 103,555,38
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inder nowl ny ki ign lere	14 E 15 S 16a b 17 ( 18 T 19 F 19	Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue  Total asset  Signa Ities of pe and belied dge.  SUSAN Type of	nd similar amounts paid (Part IX, control paid to or for members (Part IX, control paid to or for members (Part IX, control paid to or for members (Part IX, column all fundraising fees (Part IX, column (D), lines are presented in the present of t	lumn (A), line 4)	g schedules ficer) is bas	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current 85,569, 3,906, 81,662, s and statement sed on all inform 2022-02-15 Date	0	107,307,73 3,752,35 103,555,38 o the best of my which preparer has
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Security Parances Security Par	14 E 15 S 16a b 17 C 18 T 19 F 20 T 1 T 1	Benefits p Salaries, Professio Total fundr Other exp Total expr Revenue  Total liabi Net asset  Signa Ities of peand belied dge.  SUSAN Type of	nd similar amounts paid (Part IX, co paid to or for members (Part IX, co poid to or for members (Part IX, co poid to or for members (Part IX, co poid to or for members (Part IX, column all fundraising fees (Part IX, column (D), lines are seen and fundraising expenses (Part IX, column (A), lines 1 penses. Add lines 13–17 (must equal less expenses. Subtract line 18 from the sets (Part X, line 16)	lumn (A), line 4)	g schedules ficer) is bas	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current \(^3\) 85,569, 3,906, 81,662, s and statement sed on all inform 2022-02-15 Date  Check \(^1\) if self-employed	0 .985 .213	17,219,12 5,582,35  10,451,04 84,133,21 12,093,79 End of Year  107,307,73 3,752,35 103,555,38  to the best of my which preparer has
ndere Paice Paice Prepared Dise	14 E 15 S 16a b 17 C 18 T 17 C 18 T 19 F 22 N T 11 P penal edge a nowled	Benefits p Salaries, Professio Total fundr Other exp Total exp Revenue  Total liabi Net asset  Signatu SUSAN Type or  Fi  Y Fi	nd similar amounts paid (Part IX, control paid to or for members (Part IX, control paid to or for members (Part IX, control paid to or for members (Part IX, column all fundraising fees (Part IX, column (D), lines and part IX, column (A), lines and part IX, column (A), lines and part IX, column (A), lines are seen and lines 13–17 (must equal less expenses. Subtract line 18 from less (Part X, line 16)	lumn (A), line 4)	g schedules ficer) is bas	17,855, 4,574, 12,996, 103,235, 9,264, ning of Current 85,569, 3,906, 81,662, s and statement sed on all inform 2022-02-15 Date  Check if self-employed Firm's EIN	0	17,219,12 5,582,35 10,451,04 84,133,21 12,093,79 End of Year  107,307,73 3,752,35 103,555,38 to the best of my which preparer has

Form	990 (2020)					Page <b>2</b>
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	organization's mission:				
SEE S	SCHEDULE O					
	Bild					
2	Did the organization	☐ Yes ☑ No				
		r 990-EZ?				⊔ Yes 🖭 No
2	•	ese new services on Sc		-h		
3	_		nake significant	changes in how it condu	icts, any program	□yes ✓ No
	services?	ese changes on Schedu				∟ Yes ⊻ No
4	Describe the organiza Section 501(c)(3) an	ation's program service	e accomplishme ons are required	I to report the amount o	largest program services, as meas if grants and allocations to others,	
4a	(Code:	) (Expenses \$	39,705,221	including grants of \$	24,422,733 ) (Revenue \$	22,495 )
	See Additional Data					
4b	(Code:	) (Expenses \$	26,470,147	including grants of \$	26,457,960 ) (Revenue \$	0 )
40	See Additional Data	) (Expenses \$	20,470,147	including grants or \$	20,437,900 ) (Neverlue \$	0 )
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program service	ces (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ►	66,175,3	68		

Form	990 (2020)			Page <b>3</b>
Par	tiV 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)? <i>If "Yes," complete Schedule A</i> 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part   93.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III <b>3</b>	8		No
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 2	9		No
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	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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	Yes	
	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 2	11c		No
	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 2	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		No
	Schedule D, Parts XI and XII  Statements in the tax year? If Yes, complete Schedule D, Parts XI and XII Statements for the tax year?	12a	Yes	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Yes	
13		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
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		No
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	Yes	
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		No

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

No

19

20a

20b

21

Yes

orm '	990 (2020)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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		No
	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	Yes	
	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	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, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	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		No
4	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	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	Yes	
6	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		No
	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		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			✓
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

44

0

**1**c

Yes

	Statements Berneling Other IDC Filings and Toy Compliance (continued)			Page 5	
	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: $\triangleright$ CO, CJ, EC, GT, HO, IN, MX	4a	Yes		
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?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
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		No	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
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		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	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?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	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				
	Enter the amount of reserves on hand	44.		NI -	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No	
	If yes, has it filed a form 720 to report these payments? If No, provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140			
	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15		No	
	If "Yes," complete Form 4720, Schedule O.	16		No	

orm	990 (2020)			Page <b>6</b>
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to l	ines
Se	ction A. Governing Body and Management			
1 3	Enter the number of voting members of the governing body at the end of the tax year   1a   11		Yes	No
14	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 10			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
D	Other officers or key employees of the organization	15b	Yes	
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		No
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		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  AL , AK , AZ , AR , CA , CO , CT , DE , DC , IN , IA , KS , KY , LA , ME , MD , MA , MI   NE , NV , NH , NJ , NM , NY , NC , ND , OH   SC , SD , TN , TX , UT , VT , VA , WA , WV	, MN , , OK ,	MS, MC OR, PA	), MT,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  DANIELLE R MITCHELL 2000 EAST RED BRIDGE RD KANSAS CITY, MO 64131 (816) 942-2000			
				1 (2020)

(A)

Name and title

(F)

Estimated

amount of other

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

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

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

• 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."

(B)

Average

hours per

• 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, or 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.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

PERSONAL FUNDRAISING SERVICESLLC,

compensation from the organization ▶ 10

525 W MONROE ST SUITE 900 CHICAGO, IL 60661

Part VII

, ai	CVIII Section At Officers, Birect	,	,, .		, .	,					p / /			
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	ss pers	on	(D) Reportable compensatio from the organization	n 1	(E) Reportable compensation from related organizations		(F) Estima amount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutio	Officer	Key employee	Highest o	Former	(W-2/1099- MISC)	•	(W-2/1099- MISC)		organization and related organizations	
			il trustee or	Institutional Trustee		loyee	Highest compensated employee							
See A	Additional Data Table						ے							
-														
	ub-Total	 art VII, Section			•		<b> </b>							
d_ <u>T</u> 	Total (add lines 1b and 1c)  Total number of individuals (including					h 0) 10	<b>▶</b>		2,497,331			0		429,095
_	of reportable compensation from the			e 1150	eu ai	DOVE	=) W110	riec	erved more than	1 \$10	0,000			
_	Did the consciention list on Second	- <b>66</b> :		1-				1. :	-hh				Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>				•				gnest compensa			3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									indiv •	idual for	5	1.55	No
	ction B. Independent Contract													
1	Complete this table for your five higher from the organization. Report comper											npens	sation	
		(A) nd business addre	ess								(B) ption of services		(C) Compen	sation
3400	GROUP LLC, WATERVIEW PKWY SUITE 250 ARDSON, TX 75080								CONSUL	_TANT			2,	158,041
3 SIX 33 IR	TY FUNDRAISING, VING PLACE								FUNDRA	AISING	3		1,	647,431
ALL FO	ORK, NY 10003 DR ONE FUNDRAISING LLC, BURNSIDE AVE NGELES, CA 90036								FUNDRA	AISING	3			843,525
NEW 0 78 SA	NASCES, CAT 20030 CANVASSING EXPERIENCE, N MARCOS STREET IN, TX 78702								FUNDRA	AISING	3			740,595
DEDCC	NIAL ELINDRATOTING CERVICECTIC								ELINDRA	TCTNIC				246 740

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

346,748

FUNDRAISING

Part		(2020) Statement	of F	Revenue						Page <b>9</b>
-ran	VIII				respo	nse or note to anv	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
हें इ	1a Federated campaigns b Membership dues				1a	6,500		revenue		512 - 514
s, Grants Amounts		Fundraising events		<u> </u>	1b   1с					
Gifts, Grants ilar Amounts	d Related organizations									
nila Sign	е	Government grants (	contri	ibutions)	1e					
Contributions, Gifts and Other Similar	f	All other contributions and similar amounts above	s, gift not ir	actudod I	1f	93,634,436				
Contributions, and Other Sim	g	Noncash contribution lines 1a - 1f:\$	s incl		1g	6,880,148				
Com	h	Total. Add lines 1a	a-1f			•	93,640,936			
						Business Code	, ,			
a.	2a									
)nue	b									
Program Service Revenue	ן ו									
'vice	C									
<u>%</u>	d									
gran	e									
Æ										
		All other program								
	╙	Total. Add lines 2 Investment income				0 nterest, and other				
	5	similar amounts) .	•			<b>&gt;</b>	1,323,142			1,323,142
		Income from invest Royalties	men		npt bo	ond proceeds	0			
		·		(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	ь	Less: rental expenses	6b							
	c	Rental income					-			
	၂ ,	or (loss) Net rental income	6c	(loss)			·] 			
	(i) Securit			(ii) Other						
	7a	Gross amount from sales of assets other than inventory	7a	18,1	61,271	227,500				
	b	Less: cost or other basis and sales expenses	7b	17,1	21,341	27,250				
	l	Gain or (loss)	7c		39,930	· ·	4			
		Net gain or (loss) Gross income from fu					1,240,180			1,240,180
Other Revenue			d on	of line 1c).						
Rev		Less: direct expen			8a 8b	0	<u> </u>			
her	l	: Net income or (los			ng ev	ents	0			
ō	92	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a	0				
	l	Less: direct expen : Net income or (los			9b	0				
	`	, ivec income or (ios	55) 11	om gaming a	CCIVIC	es	1			
	10	Gross sales of inve returns and allowa	entor	ry, less	10a	0				
	Ŀ	Less: cost of good	ls sol	ld	10b	0	-			
	٥	Net income or (los			invent		0			
	11	Miscellaneo <b>a</b> Partnership Incon		evenue		Business Code 900099	22,749		22,749	
		r ar thership Theon	iie				,			
	l t	)								
	۰	3								
	,	All other revenue								
		Total. Add lines 1				•	22.712			
	12	: <b>Total revenue.</b> S	ee ir	nstructions .			22,749		20.712	2 502 200
						<u> </u>	96,227,007	<u>I</u>	22,749	2,563,322

Pa	TIX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must o		_		mn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,417,026	2,417,026		
	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	48,463,667	48,463,667		
4	Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	1,921,347	1,172,022	403,483	345,842
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	12,070,230	7,362,840	2,534,748	2,172,641
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	752,185	458,833	157,959	135,393
9	Other employee benefits	1,493,965	911,319	313,733	268,914
10	Payroll taxes	981,399	598,653	206,094	176,652
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	91,383	48,433	23,760	19,190
c	Accounting	125,599	66,567	32,656	26,376
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	5,582,353			5,582,353
f	Investment management fees	290,217	153,815	75,456	60,946
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,881,862	997,388	489,285	395,189
12	Advertising and promotion	1,904,528		304,724	1,599,804
13	Office expenses	1,476,639	798,374	371,672	306,593
14	Information technology	1,542,299	956,225	293,037	293,037
15	Royalties	0			
16	Occupancy	279,847	151,117	64,365	64,365
17	Travel	26,404	18,219	1,584	6,601
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,056,870	591,847	221,943	243,080
23	Insurance	240,909	127,682	57,818	55,409
	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.)				
	a Postage donor correspondence	938,244	581,711	178,266	178,266
- E	Print donor correspondence	458,908	284,523	87,193	87,193
Ċ	Training/Continuing Education	137,335	15,107	116,735	5,493
-	I				
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	84,133,216	66,175,368	5,934,511	12,023,337
	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				

Form 990 (2020)

11

29

31

32

33

Assets 30 48,175,740

11

0 22

0

0 24

588,337

23

25

29

30

31

32

33

81,662,753

85,569,729

Page 11

167.596

65,265,331

0

0

0

522,574

103,555,381

107,307,738

Form 990 (2020)

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

		Beginning of year		End of year
1	Cash-non-interest-bearing	756,851	1	484,55
2	Savings and temporary cash investments	4,880,026	2	7,634,98
_	- N. J	0		

3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	383,761	4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
6	Loans and other receivables from other disqualified persons (as defined under			

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 Notes and loans receivable, net . . . . 7 488.722 Inventories for sale or use . . . .

Assets 477.133 Prepaid expenses and deferred charges . 12,271,744 11,031,280 10a Land, buildings, and equipment: cost or other 10a 40,407,654 basis. Complete Part VI of Schedule D 10b 28,080,862 11,787,373 10c 12,326,792 b Less: accumulated depreciation

6,338,390 9.318.268 12 Investments—other securities. See Part IV, line 11 . 12 0 13 0 13 Investments-program-related. See Part IV, line 11 0 0 14 14 Intangible assets . 601,805 15 487,122 15 Other assets. See Part IV, line 11 . . . 107,307,738 85,569,729 16 16 Total assets. Add lines 1 through 15 (must equal line 33) . 3,229,783 17 Accounts payable and accrued expenses . 3,318,639 17 0 18 0 18 Grants payable . 19 0 19 0 Deferred revenue . . . 0 0 20 Tax-exempt bond liabilities . . . 20 0 21 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Liabilities 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—publicly traded securities .

3.906.976 3.752.357 26 27 79,965,329 27 101,527,107 Net assets without donor restrictions 28 Net assets with donor restrictions . 1,697,424 28 2,028,274

Fund Balances Organizations that do not follow FASB ASC 958, check here ightharpoonup and complete lines 29 through 33. ō

☐ Both consolidated and separate basis

Yes

No

Form 990 (2020)

2c

3a

3h

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

☐ Separate basis

Audit Act and OMB Circular A-133?

## **Additional Data**

### Software ID: Software Version:

**EIN:** 44-6005794

Name: CHILDREN INTERNATIONAL

Form 990 (2020)

SEE SCHEDULE O

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: SEE SCHEDULE O

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

TERESA GAFFNEY

SHAWN ROUEN

CONTROLLER

TIM BACHTA

**KEVIN ALTIS** 

.......

DIRECTOR OF CU&I

DANIELLE MITCHELL

DIRECTOR OF MARKETING

VP OF INFORMATION TECHNOLOGY

DIRECTOR APPLICATION SERVICES

	المصلحات أسحا							1 (1) 1/1000 1	(14/ 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SUSANA ESHLEMAN DIRECTOR/PRESIDENT AND CEO	40.0	Х		x				473,716	0	64,120
WILLIAM BREWSTER EXECUTIVE VP/COO	40.0			х				287,654	0	53,686
JOHN MCCANNA VP OF GLOBAL PROGRAMS	40.0			х				209,523	0	47,764
LAURA THORNTON  VP OF MARKETING/ENGAGEMENT	40.0			х				229,622	0	20,085
ROBERT KING	40.0					Х		182,705	0	46,703

Χ

Х

Х

Х

162,062

156,043

155,583

192,166

168,605

0

0

0

0

0

45,404

43,233

43,091

2,418

24,867

VP OF GLOBAL PROGRAMS	1.0				,	
LAURA THORNTON	40.0					
VP OF MARKETING/ENGAGEMENT	1.0		Х		229,622	
ROBERT KING	40.0			_	182,705	
DIRECTOR GIFT PLAN UNTIL 12/20	0.0			^	162,703	
TERESA GAFENEY	40.0					

0.0 40.0

0.0 40.0

0.0 40.0

0.0 40.0

0.0

......

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer from related week (list from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR

DEAN OSKVIG

LIDERMAN DUIN

.......

**BRAD CLOVERDYKE** 

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ROBYN WIENS

TARA FRANK

DIRECTOR/TREASURER

	any hours	and	a dir	ecto	r/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VICKIE WIEDENMANN ASST. VP AND SECRETARY	40.0			×				134,292	0	28,926
ERIC MCCULLOUGH ASST. SECRETARY	40.0			х				125,230	0	8,798
MARIA FERNANDA CORRAL  VP OF TALENT GROWTH	40.0			x				20,130	0	0
MILE DETILLY	1.0									

0

0

0

0

0

0

0

ASSI. SECRETARY	1.0						
MARIA FERNANDA CORRAL	40.0						
VP OF TALENT GROWTH	1.0			Х		20,130	
MIKE REILLY	1.0	v				0	
DIRECTOR	0.0	^					
DAVID CACIOPPO	1.0	×	·		·	0	

1.0 1.0

0.0 1.0

0.0 1.0

0.0 1.0

0.0 1.0 Χ

Х

Χ

Χ

Χ

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other nsation

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	week (list any hours					office (ustee		from the organization	from related organizations (W- 2/1099- MISC)	compensation from the	
	for related organizations below dotted line)		Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		organization and related organizations	
AVIVA AJMERA	1.0	x						0	0	0	
DIRECTOR	1.0							0	0		
ROLAND PAANAKKER	1.0	×							0	0	
DIRECTOR	0.0							9	U	0	
STEVE BERGER	1.0										

DIRECTOR	1.0	^			0	0	
ROLAND PAANAKKER	1.0	×			0	0	
DIRECTOR	0.0	,			,	,	
STEVE BERGER	1.0	x			0	0	
DIRECTOR	0.0						
MADVIN IDDV	1.0						

		Χ			0	0	i
DIRECTOR	0.0						
STEVE BERGER	1.0						
		X			l o	0	i
DIRECTOR	0.0						
MARVIN IRBY	1.0						

	0.0						
STEVE BERGER	1.0	V					
DIRECTOR	0.0	X			0	0	
MARVIN IRBY	1.0	×			0	0	
DIRECTOR		^					

		X			0	0	i 0
DIRECTOR	0.0						
MARVIN IRBY	1.0	V				0	
DIRECTOR		^			0	O	

MARVIN IRBY	1.0	x			0	0	
DIRECTOR	0.0	,				J	
ENA WILLIAMS	1.0				0	0	

DIRECTOR

0.0

1.0 ADAM NEWSOME

Χ

0.0

DIRECTOR

efil	e GR/	APHIC prii	nt - DO NOT PRO	DCESS	As Filed Data -			DLN: 9	3493054010192
SCI	HED	ULE A	D.	ıhlic (	harity Statu	s and Dul	alic Supp	ort	OMB No. 1545-0047
	m 99		Complete	if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 0-EZ	· a section	2020
		f the Treasury	► Go to <u>j</u>	www.irs.	<i>gov/Form990</i> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	<b>he organiza</b> ITERNATIONAL	tion					Employer identific	ation number
								44-6005794	
	rt I				<b>s</b> (All organization it is: (For lines 1 thro			See instructions.	
1	ga≥		•		sociation of churches	-		(Δ)(i).	
2		·		•	.)(A)(ii). (Attach Sch				
3					ice organization descr	,	, ,		
4		·	·	•	-			,. 170(b)(1)(A)(iii). E	nter the hospital's
	Ш	name, city,		порегасе	a in conjunction with	a nospital descri	bed iii section .	170(b)(1)(A)(III). L	nter the hospital's
5			ation operated for th (iv). (Complete Par		of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local gover	nment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7	<b>✓</b>		ation that normally ( <b>0(b)(1)(A)(vi).</b> (0			s support from a	governmental u	init or from the genera	al public described in
8				-	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					scribed in <b>170(b)(1)</b> e instructions. Enter			with a land-grant coll college or university:	ege or university or a
10		from activit investment	ies related to its ex	empt fund ed busine	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	
11		An organiza	ation organized and	operated	exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported organ	izations de		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See <b>section 509(a</b> s 12e, 12f, and 12g.	
a		organizatio		egularly ap				zation(s), typically by of the supporting orga	
b		manageme		organiza	tion vested in the san			organization(s), by ha ge the supported orga	
c		Type III f	unctionally integr	<b>ated.</b> A su	upporting organizatio			nd functionally integra	ted with, its
d		Type III n	on-functionally in integrated. The ord	tegrated ganization	generally must satis	zation operated fy a distribution	in connection wi requirement and	<b>nd E.</b> th its supported orgar l an attentiveness req	
e		Check this	box if the organizat	ion receiv	t IV, Sections A and ed a written determin ntegrated supporting	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organ			-		<u> </u>	
g	Provi	de the follow	ing information abo	ut the sup	oported organization(			•	
	(i) N	Name of supp organization		) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota		l. B. '	tion Act Notice, se		-t	Cat. No. 11285		 	 90 or 990-EZ) 2020

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.)

5	Section A. Public Support				•		
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	137,151,054	124,257,789	113,177,338	111,146,962	93,640,936	579,374,079
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge <b>Total.</b> Add lines 1 through 3	137,151,054	124,257,789	113,177,338	111,146,962	93,640,936	579,374,079
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						97,734,658
	(f) <b>Public support.</b> Subtract line 5 from line 4.						481,639,421
	ection B. Total Support						
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	(or fiscal year beginning in) Amounts from line 4.	137,151,054	124,257,789	113,177,338	111,146,962	93,640,936	579,374,079
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	696,294	449,997	990,233	1,134,589	1,323,142	4,594,255
9	Net income from unrelated business activities, whether or not the business is regularly carried on				13,887	22,495	36,382
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	80,954	12,183	241,073	0	0	334,210
11	<b>Total support.</b> Add lines 7 through 10						584,338,926
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for	-				· · · · · · · · · · · · · · · · · · ·	zation, check
	this box and <b>stop here</b>					▶ ⊔	
	Section C. Computation of Publi						
	Public support percentage for 2020 (I					14	82.425 %
	Public support percentage for 2019 S					15	75.541 %
16	<b>33 1/3% support test—2020.</b> If the	e organization did	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this l	
Ŀ	and <b>stop here.</b> The organization qua 33 1/3% support test—2019. If the	he organization dic	l not check a box o	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, chec	k this
17a	box and <b>stop here.</b> The organizatio <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organizatio in Part VI how the organization meets	st—2020. If the or on meets the "fact:	ganization did not s-and-circumstance	check a box on liness" test, check this	e 13, 16a, or 16b, box and <b>stop he</b> i	and line 14 r <b>e.</b> Explain	▶□
b	organization	est—2019. If the o	organization did not 'facts-and-circumst	check a box on lir ances" test, check	ne 13, 16a, 16b, o this box and <b>stop</b>	r 17a, and line here.	▶□
18	supported organization						▶□
	inchurchione		•	•			. □

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.	)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04( )(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and <b>stop here</b>					<u></u>	<u> ▶ ⊔                               </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,		• •	17	
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c 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 <b>Part VI</b> 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?		

	III Section 303(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c 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 <b>Part VI</b> when and how the organization made the			
	determination.			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.			
	If tes, explain in <b>Part v1</b> what controls the organization put in place to ensure such use.	3с		
4a	ny supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
С	d the organization support any foreign supported organization that does not have an IRS determination under sections $\Omega(c)(3)$ and $\Omega(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> 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 lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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			

C					
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or				
	supervised by or in connection with its supported organizations.				
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 <b>Part VI</b> what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the				
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).				

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5с 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 6 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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a		
b	A fami	ily member of a person described in 11a above?	11b		
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
_	VI.	B. Type I Supporting Organizations			
	ection	b. Type I Supporting Organizations		Yes	No
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	Did the	e 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.				
_					
5	ection	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		163	110
-	each d	of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection	D. All Type III Supporting Organizations			
				Yes	No
1	L Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
_			2		
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):		
	a 🗌	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 <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activit	ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
	suppor o <b>rgan</b> respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported lizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-		
		entially all of its activities.  e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a		
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.</i>	3b		
			30		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

_1	L Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions				
9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions				8	
9 Distributable amount for 2020 from Section C, line 6				9	
10 Line 8 amount divided by Line 9 amount				10	
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
<b>b</b> From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>\$</b>		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
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).
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493054010192

OMB No. 1545-0047

2020

# **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.

Department of the Treasury Internal Revenue Service

(Form 990)

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

,, 12b.	
	Open to Public
mation.	Inspection
Employer ident	ification number

	ame of the organization ILDREN INTERNATIONAL			E	mployer id	lentification	number
Сп	ILDREN INTERNATIONAL			4	4-6005794		
Pä	Organizations Maintaining Donor Advis Complete if the organization answered "Yes				ccounts.		
			advised funds		(b) Fun	ds and other	accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, o	r for any other p	purpose conf			Yes 🗆 No
Pa	Conservation Easements. Complete if the organization answered "Yes	s" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organ						
	Preservation of land for public use (e.g., recreation	or education)	☐ Preservat	ion of an his	torically imi	portant land a	area
	Protection of natural habitat			ion of a certi	, ,	'	
				ion or a cert	nea mistoria	. Ju detaile	
_	☐ Preservation of open space	1.6.			,		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservati	on contribution i	in the form o		ation at the End o	f the Year
а	Total number of conservation easements			2	,		
b	Total acreage restricted by conservation easements			2l	,		
c	Number of conservation easements on a certified historic	c structure included	in (a)	. 20	2		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, a	and not on a his	toric 20	i		
3	Number of conservation easements modified, transferred tax year	d, released, extingu	ished, or termir	nated by the	organizatio	n during the	
4	Number of states where property subject to conservatio	n easement is locat	ed <b>&gt;</b>				
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds			nandling of v	iolations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vio	olations, and enf	forcing conse	ervation eas	sements durin	g the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violation	ns, and enforcin	g conservati	on easemer	nts during the	year
8	Does each conservation easement reported on line 2(d)	above satisfy the re	equirements of s	section 170(l	n)(4)(B)(i)		
	and section $170(h)(4)(B)(ii)$ ?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the org					
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Yes				Similar A	ssets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements.	ic exhibition, educa	tion, or research				
b		C 958, to report in	its revenue state				
	(i) Revenue included on Form 990, Part VIII, line 1				. ▶\$_		
	ii)Assets included in Form 990, Part X						
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A			s for financia	ll gain, prov	vide the	
а	Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$_		
b	Assets included in Form 990, Part X						
or	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat. No. 522	283D <b>Sc</b> l	nedule D (Fo	rm 990) 202

Sche	edule D (Form 990) 2020						Page <b>2</b>
Par	t IIII Organizations Maintaining Col	lections of Art, Histo	rical Treas	ures, or Other Si	milar Assets (co	ntinued)	
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records, chec	k any of the fo	ollowing that are a sig	gnificant use of its c	ollection	
а	Public exhibition	d	☐ Loar	or exchange progra	ms		
b	Scholarly research	е	☐ Othe	er			
С	Preservation for future generations						
4	Provide a description of the organization's coll Part XIII.	ections and explain how t	they further th	e organization's exer	npt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	•				□ N	lo
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		90, Part IV, I	ine 9, or reported	an amount on Fo	rm 990,	Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					□ N	lo
b	If "Yes," explain the arrangement in Part XIII	and complete the following	ng table:		Amount		_
c	Beginning balance			1c			_
d	Additions during the year			1d			_
е	Distributions during the year			1e			
f	Ending balance			1f			_
2a	Did the organization include an amount on Fo	rm 990. Part X. line 21. fo	or escrow or cu	ustodial account liabil	itv? <b>V</b> es		_ lo
b	If "Yes," explain the arrangement in Part XIII				·		
	irt V Endowment Funds.	Check here if the explain	ation has been	r provided in rare XII			
	Complete if the organization answ	ered "Yes" on Form 99	90, Part IV, I	ine 10.			
			) Prior year	(c) Two years back (d		) Four yea	
	Beginning of year balance	39,713,839	37,495,923	36,048,957	33,059,334	30,	209,585
	Contributions	106,200	57,777	70,235	107,764		50,850
	Net investment earnings, gains, and losses	11,036,266	2,350,168	1,543,990	2,998,421	۷,	911,550
	Grants or scholarships						
е	Other expenditures for facilities and programs	14,400	6,672	8,110			
f	Administrative expenses	226,882	183,357	159,149	116,562		112,651
	End of year balance	50,615,023	39,713,839	37,495,923	36,048,957		059,334
2	Provide the estimated percentage of the curre	` '			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
٠,	Board designated or quasi-endowment	98.290 %	rg, column (e	i)) field as.			
a b	Permanent endowment ► 1.530 %						
_	Term endowment ► 0.180 %						
С	The percentages on lines 2a, 2b, and 2c shou	Id equal 100%					
3a	· · · · · ·	'	nat are held ar	nd administered for th	ne		
	organization by:					Yes	No
	(i) Unrelated organizations				3a(		No
	(ii) Related organizations				3a(i	-	No
b	If "Yes" on 3a(ii), are the related organization	•			3b		
4	Describe in Part XIII the intended uses of the		it runas.				
Pa	rt VI Land, Buildings, and Equipmer Complete if the organization answ		90. Part IV. I	ine 11a. See Form	990. Part X. line	10.	
	Description of property  (a) Cost or oth (investme	er basis (b) Cost or oth	ner basis (other)			Book valu	e
1a	Land		320,156				320,156
	Buildings		16,290,988	<u> </u>	5,143,340	10	0,147,648
	Leasehold improvements				. ,		· · ·
	Equipment		21,740,592	20	),587,443	1	1,153,149

705,839

12,326,792

1,350,079

2,055,918

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(1) Peters of all de vacates	T GIT VII	Complete if the organization answered "Yes" on F  (a) Description of security or category  (including name of security)	orm 990, Part IV, line 1	(c) Metho	Part X, line 12. d of valuation: -year market value	
(3) Other   10   10   10   10   10   10   10   1		derivatives				
	(3) Other		_			
(2) (3) (4) (5) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
Complete   The organization answered Yes on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	· ,	Partnership	2,065,955		F	
F	(D)					
(6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(E)					
17   17   17   17   18   18   18   19   19   19   19   19	(F)					
Test   Column (2) most esset from 998, Part X, (ast (5) ker (2)   9,318,265     9,31	(G)					
Tests,   Colorent (2) most water from \$90, Arct X, rod. (8) into 12.) 9,318,388  Part VIII   Investments — Program Related.   (a) Description of investment   (b) Book value   (c) Related of valuations contained of valuations and value of the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (d)   (a)   (b)   (c)	(H)					
	(I)					
Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.			9,318,268			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value  (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) Total. (Column (2) must equal form \$90, flat X, col (3) for \$3.3.}  Part XI Other Assets. Complete if the organization answered "Yes" on Form 990, Part XV, line 13d. See Form 990, Part X, ine 15  Complete if the organization answered "Yes" on Form 990, Part XV, line 13d. See Form 990, Part X, ine 15  (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Total. (Column (5) must equal form \$90, Part X, col. (6) for \$1.5\$]  Part XI Other Liabilities. Complete if the organization answered "Yes" on Form 900, Part IV, line 13e or 11f. See Form 990, Part X, ine 25. (a) Description of liability (b) Book value (10) Total. (Column (6) must equal form \$90, Part X, col. (6) for \$1.5\$]  Part XI Other Liabilities. Complete if the organization answered "Yes" on Form 900, Part IV, line 13e or 11f. See Form 990, Part X, line 25. (b) Book value (10) Total. (Column (6) must equal form \$90, Part X, col. (6) for \$1.5\$]  Part XI Other Liabilities. Complete if the organization answered "Yes" on Form 900, Part IV, line 13e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (10) Description of liability (10) Des	Part VIII		orm 990, Part IV, line 1	 l1c. See Form 990,	Part X, line 13.	
(3) (3) (4) (5) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					(c) Method of valuation: Cost or end-of-year market	
(3) (4) (5) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (11) (11	(1)					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal from 990, Part X, col.(b) line 13.) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(b) line 15.) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.  (a) Description of liability Book (1) Paderal income taxes (2) Gift Annuty Funds (3) Deposit Plan Funds (3) Deposit Plan Funds (4) (5) (6) (7) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(b) line 25.)  522,574.	(2)					
(5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(6) (7) (8) (9) (10) Total. (Column (b) must equal form 990, Part X, col.(8) line 13.)						
(8) (9) (10) Total. (Column (e) mout mout from 990, Part X, col.(8) (see 13.)  Part 3X Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15.  (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (e) must equal Form 990, Part X, col.(8) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25.  (a) Description of liability  (b) Book value  (b) Book value  (c) Git Annuly Funds  (d) Description of liability  (e) Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (d) Pederal income taxes  (o) Git Annuly Funds  (o) Deposit Plan Funds  (o) Deposit Plan Funds  (o) Deposit Plan Funds  (o) Part X, line 25.  (o) Other Deposition of liability  (o) O						
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (8) line 13)  Part XI Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col, (8) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (b) Book value  (1) Federal income taxes (1) Federal income taxes (2) Gift Annulty Funds (3) Deposit Plan Funds (3) Deposit Plan Funds (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10						
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Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)						
Total   Column (b) must equal Form 990, Part X, col.(8) line 13.						
Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(10)					
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		Other Assets.		•		
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(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  1. (a) Description of liability Book value (1) Federal income taxes (2) Gift Annuity Funds (3) Deposit Plan Funds (3) Deposit Plan Funds (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)						
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(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 0 (2) Gifk Annuity Funds 506,324 (3) Deposit Plan Funds 16,250 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) > 522,574						
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  (b) Book value (1) Federal income taxes  (2) Gift Annuity Funds (3) Deposit Plan Funds (16,250) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  > 522,574						
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(8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  (b) Book value  (1) Federal income taxes  (2) Gift Annuity Funds  (3) Deposit Plan Funds  (3) (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  > 522,574						
(9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (b) Book value (1) Federal income taxes  (2) Gift Annuity Funds  (3) Deposit Plan Funds  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  > 522,574						
(10)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.  (b)  Book value  (1) Federal income taxes  (2) Gift Annuity Funds  (3) Deposit Plan Funds  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  ▶ 522,574						
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Part X         Other Liabilities.           Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1.         (a) Description of liability         Book value           (1) Federal income taxes         0           (2) Gift Annuity Funds         506,324           (3) Deposit Plan Funds         16,250           (4)         (5)           (6)         (7)           (8)         (9)           Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)         522,574						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.    1.					<b>•</b>	
1. (a) Description of liability Book value (1) Federal income taxes  (2) Gift Annuity Funds (3) Deposit Plan Funds (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Possible 1		Complete if the organization answered 'Yes' on Fo		1e or 11f.See Form		
(2) Gift Annuity Funds 506,324 (3) Deposit Plan Funds 16,250 (3) (4) (5) (6) (7) (8) (9) (9) (5) (2) (5) (1) (6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	1.	(a) Description of lia	ability		Book	
(3) Deposit Plan Funds (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  16,250  16,250  16,250  16,250					<del>                                     </del>	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  522,574	(3) Deposit P					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  522,574						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  > 522,574						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  > 522,574						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  ▶ 522,574	(6)					
(9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  ▶ 522,574	(7)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)         ▶ 522,574						
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d

5

Schedule D (Form 990) 2020

Page 4

22,809,989

96,204,258

22,749

96,227,007

97,120,505

12,987,289

84,133,216

84.133.216

Schedule D (Form 990) 2020

### d Other (Describe in Part XIII.) 2d 20,705 е 2e Subtract line **2e** from line **1** . . . . . . . . 3 3 4

2a

2b

2c

4b

2a

2b

2c

2d

4a 4b

Explanation

9.803.733

22.749

12,985,551

1,738

4c

2e

3

4c

5

12.985.551

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Add lines **4a** and **4b** . . . . . . . .

b C 5

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XII

Total expenses and losses per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Return Reference

See Additional Data Table

Add lines 2a through 2d . е Subtract line 2e from line 1 . . . . . . . . Amounts included on Form 990, Part IX, line 25, but not on line 1:

3 4

Investment expenses not included on Form 990, Part VIII, line 7b . . .

b Other (Describe in Part XIII.) . . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Part XIII Supplemental Information

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

chedule D (Form 990) 2020	Page <b>5</b>
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

## **Additional Data**

Software Version: **EIN:** 44-6005794

Name: CHILDREN INTERNATIONAL

Software ID:

**Supplemental Information** 

Return Reference Explanation TO

SCHEDULE D, PART V, LINE 4 INTENDED USES OF THE ORGANIZATIONS ENDOWMENT FUNDS THE PURPOSE OF THE ENDOWMENT FUND IS FUND BOTH OCCASIONAL EXTRAORDINARY INVESTMENTS IN THE BUSINESS AND PLANNED ANNUAL INVESTM ENTS IN THE BUSINESS; FOR THE SOLE INTENT TO MAXIMIZE CHILD IMPACT. WITHDRAWALS FROM THE F UND WILL MAINTAIN THE APPROVED MINIMUM BALANCE OF THE FUND, WITH THE FUND EARNING OPTIMIZE D RETURNS ON A RISK-ADJUSTED BASIS.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS DISCLOSURE MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UND
	ER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMEN TS.

Supplemental Information	upplemental Information					
Return Reference	Explanation					
	OTHER AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 RELATED ORGANIZAT IONS REVENUE \$ 2,052 CHANGE IN LIABILITY FOR GIFT ANNUITIES 18,653 TOTAL \$ 20,					

upplemental Information					
Return Reference	Explanation				
SCHEDULE D, PART XI, LINE 4B	OTHER AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 PARTNERSHIP INCOME \$ 22,495				

upplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	OTHER AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 RELATED ORGANIZATIONS EXPENSES \$ 1,738

Su

SCHEDULE F Form 990)	State	ement of A	Activities (	Outside the Un	ited States	OMB No. 1545-0047	
FOIII 930)		► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.				2020	
Department of the Treasury nternal Revenue Service	•	Go to <i>www.irs.g</i>	gov/Form990 for i	nstructions and the latest i	nformation.	Open to Public Inspection	
lame of the organization HILDREN INTERNATION	<b>A</b> L					entification number	
	nformation Part IV, line		Outside the U	Jnited States. Comple	44-6005794 ete if the organization	answered "Yes" on	
other assistance, t	he grantees'	eligibility for th	e grants or assi	substantiate the amoun stance, and the selection	criteria used	☑ Yes □ No	
2 For grantmakers outside the United		Part V the orga	anization's proce	dures for monitoring the	use of its grants and o	other assistance	
3 Activites per Region	n. (The followin	ng Part I, line 3 t	able can be dupli	icated if additional space is	s needed.)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the	fundraising, program services, investments, grants	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region		
			region	to recipients located in the region)			
See Add'l Data			region				
See Add'l Data			region				
See Add'l Data  3a Sub-total b Total from continuat Part I		2	region	region)		43,369,82	

Schedule F	(Form 990) 2020	age
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990	,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	
		_

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
ata							
	section and EIN (if	section and EIN (if applicable)	section grant and EIN (if applicable)	section grant cash grant and EIN (if applicable)	section grant cash grant cash disbursement applicable)	section grant cash grant cash of noncash and EIN (if applicable)	section grant cash grant cash of noncash of noncash and EIN (if applicable) grant cash grant disbursement assistance assistance

Page **2** 

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3 Enter total number	er of other org	anizations or entities					,	
							Schedule I	F (Form 990) 2020

90, Part IV, line 16	swered "Yes" on Form 9	tne organization ans	ea States. Complete if				
				eded.	<u>tional space is ne</u>	duplicated if addit	Part III can be d
<b>(h)</b> Method of valuation (book, FMV, appraisal, other	(g) Description of noncash assistance	(f) Amount of noncash assistance	(e) Manner of cash disbursement	(d) Amount of cash grant	(c) Number of recipients	(b) Region	Type of grant or assistance

Sche	dule F (Form 990) 2020		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see instructions for form occos)	☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	<b>✓</b> No

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

990 Schedule F, Supplemental Information

Return
Reference

Explanation

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	MONITORING THE USE OF GRANTS OUTSIDE THE US CHILDREN INTERNATIONAL (CI) PROVIDES VITAL BENEFITS, SERVICES AND COMPREHENSIVE SKILL-BUILDING ACTIVITIES FOR DISADVANTAGED CHILDREN AND YOUTH IN ITS CHILD SPONSORSHIP PROGRAM, PRIMARILY THROUGH COMMUNITY CENTERS AROUND THE WORLD. ALL OF THESE INTERNATIONAL FIELD LOCATIONS FOLLOW GUIDANCE AS PRESCRIBED IN A FIELD MANUAL (WRITTEN AND MAINTAINED BY CI), OUTLINING KEY PROCEDURES FROM CHILD SELECTION TO PROGRAM MONITORING. THE ACCOUNTING PORTION OF THIS MANUAL DESCRIBES THE VARIOUS PROCEDURES AND CONTROLS SURROUNDING THE ACCOUNTING OF ALL FUNDS SENT FROM CHILDREN INTERNATIONAL USING A STANDARDIZED CHART OF ACCOUNTS AND ACCOUNTING SYSTEMS AROUND THE WORLD. AS DESCRIBED IN THE ACCOUNTING PORTION OF THE FIELD MANUAL, EACH FIELD LOCATION IS RESPONSIBLE TO KANSAS CITY FOR MONTHLY AND QUARTERLY REPORTS, COMPARING ACTUAL RESULTS TO BUDGET AND EXPLAINING ANY SIGNIFICANT VARIANCES. IN ADDITION, EACH FIELD LOCATION IS SUBJECT TO AN ANNUAL AUDIT CONDUCTED BY AN INDEPENDENT CPA FIRM AND AN ADDITIONAL AUDIT IS PERFORMED BY CHILDREN INTERNATIONAL INTERNAL AUDITORS EVERY 12-18 MONTHS, OR AS NEEDED. THE CHILDREN INTERNATIONAL REGIONAL CONTROLLERS ALSO PERFORM AN INTERNAL REVIEW OF EACH FIELD LOCATION AS NEEDED. EACH CHILD SPONSORSHIP PROGRAM LOCATION PREPARES AN ANNUAL BUDGET BASED UPON GUIDELINES ESTABLISHED BY CI. THESE BUDGETS ARE REVIEWED BY CHILDREN INTERNATIONAL GLOBAL PROGRAMS STAFF AND ULTIMATELY BY THE CHILDREN INTERNATIONAL REGIONAL DIRECTORS, DIRECTOR OF INTERNATIONAL FINANCE, DIRECTOR OF GLOBAL PROGRAMS AND VP OF GLOBAL PROGRAMS AT CHILDREN INTERNATIONAL, AND THE CHILDREN INTERNATIONAL EACHOUTERS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART II, LINE 1, COLUMN D	PURPOSE OF GRANTS CHILD AND YOUTH SUPPORT AND DEVELOPMENT

990 Schedule F, Supplemental Information

Return Reference Explanation

SCHEDULE F, PART	DESCRIPTION OF NON-CASH ASSISTANCE CHILDREN INTERNATIONAL (CI) WORKS WITH CORPORATE PARTNERS TO
II, LINE 1, COLUMN	DISTRIBUTE PRODUCT DONATIONS REQUESTED BY FIELD LOCATIONS TO AID THE CHILDREN, FAMILIES AND COMMUNITIES
Н	THEY SERVICE. CHILDREN INTERNATIONAL DISTRIBUTES ITEMS INCLUDING SHOES, EDUCATIONAL MATERIALS AND
	TEXTBOOKS, AND HYGIENE ITEMS.

#### **Additional Data**

NORTH AMERICA

#### Software ID: Software Version:

**EIN:** 44-6005794

Name: CHILDREN INTERNATIONAL

2,402,320

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			GRANTMAKING		8,897,780

GRANTMAKING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) IGRANTMAKING 11,413,263 SOUTH AMERICA SOUTH ASIA IGRANTMAKING 3,732,284

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SUB-SAHARAN AFRICA GRANTMAKING 2,114,671 CENTRAL AMERICA AND THE GRANTMAKING 12,147,981 CARTBBEAN

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SOUTH ASIA 9 IPROGRAM SERVICES PROGRAM OVERSIGHT 419,896 CENTRAL AMERICA AND THE 3 PROGRAM SERVICES IPROGRAM OVERSIGHT 164,116 CARTBBEAN

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 11 PROGRAM SERVICES PROGRAM OVERSIGHT 702,119 SOUTH AMERICA CENTRAL AMERICA AND THE PASSIVE INVESTMENTS 1,375,399 CARTBBEAN

(h) Description (i) Method of (b) IRS code (f) Manner of (g) Amount of (a) Name of section (d) Purpose of (e) Amount of valuation (c) Region non-cash cash and EIN(if (book, FMV, organization arant cash grant non-cash disbursement assistance applicable) assistance appraisal, other) CENTRAL ISEE PART V 12,312,098 EFT AMERICA AND THE CARIBBEAN

#### CENTRAL ISEE PART V 1.008.097 SEE PART V WHOLESALE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

THE CARIBBEAN I

AMERICA AND

(b) IRS code (h) Description (i) Method of (f) Manner of (a) Amount of (a) Name of (d) Purpose of (e) Amount of valuation section (c) Region non-cash cash and EIN(if cash grant (book, FMV, organization arant non-cash disbursement assistance applicable) assistance appraisal, other) IEAST ASIA ISEE PART V 8,897,780 EFT AND THE PACIFIC IEAST ASIA ISEE PART V 5.335.979 SEE PART V WHOLESALE

Form 990 Schedule F Part II - Grants or Entities Outside The United States

AND THE

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH ISEE PART V 2,402,319 EFT IAMERICA ISOUTH ISEE PART V 12.115.382 EFT

IAMERICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (b) IRS code (h) Description (i) Method of (a) Amount of (f) Manner of (a) Name of section (d) Purpose of (e) Amount of valuation (c) Region non-cash cash and EIN(if (book, FMV, organization cash grant arant non-cash disbursement assistance applicable) assistance appraisal, other) ISOUTH ASIA ISEE PART V 4,152,179 SEE PART V WHOLESALE ISUB-SAHARAN ISEE PART V 1,582,295 EFT AFRICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States · I (g) Amount of | (h) Description I . (b) IRS code (i) Method of (f) Manner of (a) Name of (d) Purpose of (e) Amount of valuation section (c) Region cash non-cash organization and EIN(if (book, FMV, arant cash grant non-cash disbursement assistance applicable) assistance appraisal, other Sub-Saharan PROGRAM 532.376|SEE PART V WHOLESALE Africa ASSISTANCE

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

DLN: 93493054010192

**Open to Public Inspection** 

Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** CHILDREN INTERNATIONAL 44-6005794 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 Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations Special fundraising events ✓ 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. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of col. (i) contributions? Yes No PROFESSIONA THRIVING CHARITY Νo 3,039,103 698,119 2,340,984 PART IV **ADVOCATES** PROFESSIONA PERSONAL FUNDRAISING Nο 1,195,793 523,193 672,601 PART IV SERVICE PROFESSIONA 3 SIXTY FUNDRAISING 955,926 1,604,940 No PART IV PROFESSIONA NEW CANVASSING Νo 664,226 858,533 PART IV **EXPERIENCE** PROFESSIONA ALL FOR ONE FUNDRAISING 439,750 849,045 No IPART IV PROFESSIONA UP FUNDRAISING 438,752 859,050 PART IV Nο PROFESSIONA GLOBAL FACES DIRECT Νo 283,681 189,473 94,208 PART IV 7,017,231 5,582,353 3,107,793 3 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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		d gross income on Form	1 990-EZ, lines 1 and 6	5b. List events with
$\Box$	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
.					
	<b>1</b> Co vinto				
	1 Gross receipts				
- 1	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus line 2)</li></ul>				
	4 Cash prizes				
	5 Noncash prizes				
5	6 Rent/facility costs				
3	7 Food and beverages				
5	8 Entertainment				
·	9 Other direct expenses	thursuah O in column (d)			
	10 Direct expense summary. Add lines 4 to 10 Direct expense summary.	-			
	11 Net income summary. Subtract line 10  Gaming. Complete if the org		es" on Form 990, Part I	V, line 19, or reported	l I more than \$15,000
$\neg$	on Form 990-EZ, line 6a.	T			· · ·
UCACIMIC		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (odd
ا خ			bingo/progressive bingo	(c) other gaining	(d) Total gaming (add col.(a) through col.(c))
אַטע	1 Gross revenue		bingo/progressive bingo	(e) other gaming	
, +	1 Gross revenue		bingo/progressive bingo	(e) other gammig	
, +			bingo/progressive bingo	(e) Other guilling	
, +	2 Cash prizes		bingo/progressive bingo	(e) other gaming	
	2 Cash prizes		bingo/progressive bingo	(e) other gaming	
	2 Cash prizes	☐ Yes%	bingo/progressive bingo	Yes	
	2 Cash prizes	☐ Yes %			
	2 Cash prizes	□ No	Yes%	Yes	
	2 Cash prizes	No	☐ Yes % %	☐ Yes % ☐ No	
	2 Cash prizes	through 5 in column (d)	☐ Yes % % ☐ No	☐ Yes % ☐ No ▶ ▶	
a	2 Cash prizes	through 5 in column (d)  It line 7 from line 1, column  It conducts gaming active  It is a conducted to the column of the column	☐ Yes % % ☐ No	☐ Yes % ☐ No ▶ ▶	
	2 Cash prizes	through 5 in column (d)  thine 7 from line 1, column  ion conducts gaming activities in each o	Yes	Yes	Yes No

Sche	dule G (Form 990 or 990-EZ) 2020				F	Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmembers?		· · □ Ye:	s 🗆 No	
12	Is the organization a grantor, beneficia formed to administer charitable gamine			_	s 🗆 No	
13	Indicate the percentage of gaming acti	vity conducted in:				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the organizati	on's gaming/special events books and re	cords:		
	Name ►					
	Address •					
15a	3	with a third party from whom th	• •	· □ Ye	. □ No	
b	If "Yes," enter the amount of gaming r amount of gaming revenue retained by		tion ▶ \$ and th			
С	If "Yes," enter name and address of the	e third party:				
	Name •					
	Address ▶					
16	Gaming manager information:					
	Name					
	Gaming manager compensation ► \$					
	Description of services provided ►					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17 a b	Mandatory distributions:  Is the organization required under state retain the state gaming license?  Enter the amount of distributions required.			· · DYes	: □No	
	in the organization's own exempt activ		, , , , , , , , , , , , , , , , , , , ,			
Par			required by Part I, line 2b, columns le. Also provide any additional infor			s.
	Return Reference		Explanation			
SCHE	EDULE G, PART I, LINE 2B	VARIETY OF FUNDING MTEHOD AN INDIVIDUAL AGREES TO SPDUE TO THE CONNECTION BETTO THE TOOM THE VALUE OF A FOR THOSE SPONSORS OVER SEVER SPENDING IN FISCAL YEAR 2021, 79% OF ALL EXPENDING THE TOOM TO THE TOOM THE	DREN INTERNATIONAL PROGRAMS ARE S, INCLUDING CHILD SPONSORSHIP, A ONSOR A CHILD BY MEANS OF ONGOING WEEN THE INDIVIDUAL AND CHILD, MAY EARS. BECAUSE OF THIS LONGEVITY, IT FUNDRAISING CAMPAIGN, TO CONSIDER RAL YEARS. THEREFORE, INCOME RESUL 11 WILL BE REALIZED OVER THE NEXT SIDITURES WERE USED TO PROVIDE BEN AND COMMUNITIES IN DESPARATE NEED	CONTINUITY PR G MONTHLY CON NY SPONSORS C IS NECESSARY, R THE INCOME G LTING FROM FUN EVERAL YEARS. EFITS AND SERV	OGRAM WHITRIBUTION ONTINUE TO WHEN ENERATED IDRAISING IN FISCAL	HERE NS. THEIR BY
SCHE	EDULE G, PART I, LINE 2B, COLUMN (II)	FUNDRAISING SERVICES - IN P SOLICITATIONS LINE 4: NEW C FOR ONE FUNDRAISING - IN PE	IARITY ADVOCATE - IN-PERSON SOLICIT ERSON SOLICITATIONS LINE 3: 3SIXTY ANVASSING EXPERIENCE - IN PERSON S RSON SOLICITATIONS LINE 6: UP FUND LL FACES DIRECT - IN PERSON SOLICITA	FUNDRAISING - SOLICITATIONS DRAISING - IN PI	IN PERSO LINE 5: AL	N

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

### **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493054010192

Open to Public

reasury nternal Revenue Service		► Go to	<u>www.irs.gov/Form990</u> fo	r the latest informati	on.		Inspection
lame of the organization	, NIAI					Employer identif	ication number
CHILDREN INTERNATIO	DNAL					44-6005794	
Part I General	Information on (	Grants and Assistance					
			t of the grants or assistance,			e, and	☑ Yes ☐ N
_			e use of grant funds in the U				
			ns and Domestic Governm additional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and addr organization or governmen		IN (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
	` ' '	, -	ions listed in the line 1 table				3
		structions for Form 990.		Cat. No. 5005			hedule I (Form 990) 2020

Part III

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference SCHEDULE I, PART I, LINE 2

Schedule I (Form 990) 2020

**Explanation** 

ISTATEMENT AUDIT.

recipients

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

MONITORING THE USE OF GRANT FUNDS CHILDREN INTERNATIONAL CONTRACTS WITH SEVERAL DOMESTIC CHARITIES THAT PROVIDE SERVICES TO IMPOVERISHED ICHILDREN AND THEIR FAMILIES. THESE CHARITIES PROVIDE BENEFITS BASED UPON WRITTEN AGREEMENTS THAT OUTLINE THE KEY PROCEDURES AND SERVICES TO BE PROVIDED. FUNDING TO EACH OF THESE CHARITIES IS BASED UPON AN ANNUAL BUDGET THAT IS APPROVED BY CHILDREN INTERNATIONAL'S BOARD OF DIRECTORS. ALL OF THESE TRANSACTIONS ARE SUBJECT TO REVIEW BY CHILDREN INTERNATIONAL'S INDEPENDENT CPA FIRM AS PART OF THE ANNUAL FINANCIAL

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2020

### **Additional Data**

CHAPTERS OF AMERICA

2000 E RED BRIDGE RD KANSAS CITY, MO 64131 CHILDREN INTERNATIONAL

COMMUNITY ORG 2000 E RED BRIDGE RD KANSAS CITY, MO 64131

# Software ID: Software Version:

# **EIN:** 44-6005794

ce to Dome	stic Organization	s and Domestic	Governments.

1,325,000

organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

(q) Description of non-cash assistance or assistance

CHILDREN INTERNATIONAL 43-1201088 501(C)(3) 172,632

Form 990, Schedule I, Part II, Grants and Other Assistance (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Name and address of (b) EIN (c) IRC section

501(C)(3)

20-8441651

# Name: CHILDREN INTERNATIONAL

(h) Purpose of grant

PROGRAM ASSISTANCE

EMERGENCY

ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)(3) 915.699 UALR CHILDREN 71-0505337 PROGRAM ASSISTANCE INTERNATIONAL 2510 FAIR PARK BLVD

LITTLE ROCK, AR 72204

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	1 -	DLN: 934930	54010	)192
Sch	edule J	C	ompensati	on Information	OMB N	. 1545-	0047
(Fori	n 990)	For certain Office  ▶ Complete if the org	2	2020			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest information.		to Pu	
Nar	ne of the organiza			Employer	identification		
CHI	LDREN INTERNATIO	NAL		44-600579	4		
Pa	rt I Questi	ons Regarding Compensa	ition	,			
	<del></del>					Yes	No
1a				the following to or for a person listed on Form y relevant information regarding these items.			
	First-class	or charter travel		Housing allowance or residence for personal use	•		
	_	companions		Payments for business use of personal residence	e		
		nification and gross-up payment	_	Health or social club dues or initiation fees			
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauffeur, chef)			
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	16		
2				or allowing expenses incurred by all	2		
	directors, truste	es, officers, including the CEO/I	Executive Director	r, regarding the items checked on Line 1a?			
3				d to establish the compensation of the			
				ot check any boxes for methods CEO/Executive Director, but explain in Part III.			
	, 	-		, ,			
		ation committee	✓	Written employment contract			
	·	ent compensation consultant	<b>☑</b> <b>☑</b>	Compensation survey or study			
	<b>№</b> 1 Form 990	of other organizations	V	Approval by the board or compensation commit	tee		
4	During the year related organiza		990, Part VII, Sec	ction A, line 1a, with respect to the filing organiz	ation or a		
а	Receive a sever	ance payment or change-of-con	trol payment? .		4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonquali	fied retirement plan?	4b		No
С			,	sation arrangement?	40		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9			
5	, ,,,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	the organization pay or accrue any			
	compensation c	ontingent on the revenues of:		. ,			
а	The organization	1?			5a		No
b					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		he organization pay or accrue any			
а	The organization	1?			6a		No
b					6b		No
	•	6a or 6b, describe in Part III.					
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed	. 7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe · · · · · · · · · · · · · · · · · · ·	8		No
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Regulations			No
For F		iction Act Notice, see the Ins				m 990)	2020

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	columns	Compensation in
	co	(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								



#### **Additional Data**

**Software Version:** 

427,808

197,673

132,304

277,252

215,439

187,014

167,741

155,714

156,240

181,833

154,741

**EIN:** 44-6005794

compensation

10,000

5,000

Software ID:

compensation

	Name: CHILDREN INTERNATIONAL								
Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title	e (B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in			
	(i) Base Compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on		

45,908

11,850

1,988

10,402

4,183

5,152

864

329

822

872

842

24,710

17,010

8,152

24,710

6,695

11,716

11,230

11,435

13,815

11,258

39,410

30,754

20,774

28,976

13,390

2,418

13,151

32,003

33,969

32,888

31,833

prior Form 990

537,836

257,287

163,218

341,340

249,707

194,584

193,472

199,276

207,466

229,408

198,674

Form	990,	Schedule	e J,

(i)

(i)

(i)

(i)

(ii)

(i)

(ii)

(i)

(i)

(ii)

(i)

(i)

(i)

(i)

1SUSANA ESHLEMAN

1JOHN MCCANNA

CEO

DIRECTOR/PRESIDENT AND

VP OF GLOBAL PROGRAMS

ASST. VP AND SECRETARY

MARKETING/ENGAGEMENT

**2**VICKIE WIEDENMANN

**3**WILLIAM BREWSTER

EXECUTIVE VP/COO

4LAURA THORNTON

VP OF INFORMATION **TECHNOLOGY 6**KEVIN ALTIS

DIRECTOR APPLICATION

**5**TIM BACHTA

**SERVICES** 

7SHAWN ROUEN

DIRECTOR OF CU&I

**8**TERESA GAFFNEY

9ROBERT KING

CONTROLLER

12/20

DIRECTOR OF MARKETING

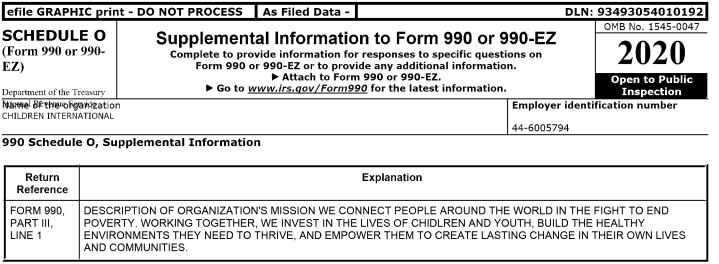
DIRECTOR GIFT PLAN UNTIL

10DANIELLE MITCHELL

VP OF

DLN: 93493054010192 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** CHILDREN INTERNATIONAL 44-6005794 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Χ 264,826 WHOLESALE VALUE 4 Books and publications Clothing and household 968,012 WHOLESALE VALUE Χ goods . . . . . Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 5,647,310 WHOLESALE VALUE 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a 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 to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2020)	Page <b>2</b>					
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.						
Return Reference	Explanation					
SCHEDULE M, PART I, COLUMN B	NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED THE AMOUNT IN COLUMN B IS THE NUMBER OF CONTRIBUTIONS.					
SCHEDULE M, PART I, LINE 32B	THIRD-PARTY INVOLVEMENT CHILDREN INTERNATIONAL WORKS WITH CORPORATE PARTNERS TO PROCURE AND DISTRIBUTE PRODUCT DONATIONS REQUESTED BY FIELD LOCATIONS TO AID THE CHILDREN, FAMILIES AND COMMUNITIES THEY SERVE. CHILDREN INTERNATIONAL ALSO DISTRIBUTES PRODUCT DONATIONS INCLUDING SHOES, EDUCATIONAL MATERIALS AND TEXTBOOKS, AND HYGIENE ITEMS.					
	Schedule M (Form 990) (2020)					



Return Reference	Explanation
FORM 990, PART III, LINE 4A	CHILDREN INTERNATIONAL CREATES PERSONAL, TRANSFORMATIVE AND IMPACTFUL RELATIONSHIPS AND OF FERS SUPPORTERS A WAY TO INVEST IN THE HOLISTIC DEVELOPMENT OF A CHILD WITH THE ULTIMATE FOCUS ON EMPLOYABILITY TO HELP ITS GRADUATES BREAK THE CYCLE OF POVERTY, THIS IS DONE THAT OF A CHILD WITH THE ULTIMATE FOCUS ON EMPLOYABILITY TO HELP ITS GRADUATES BREAK THE CYCLE OF POVERTY, THIS IS DONE THAT OR COLOR THE ORGANIZATION'S GOAL IS TO ERADICATE POPULATION. THE ORGANIZATION SOOL IS TO ERADICATE POPULATION TO THE ORGANIZATION'S GOAL IS TO ERADICATE POPULATION. THE ORGANIZATION CONNECTS PEOPLE ALL OVER THE WORLD, FACILITATING STRONG RELATIONSHI PS AND PARTNERSHIPS ACROSS SOCIOECONOMIC AND CULTURAL BOUNDARIES. CHILDREN INTERNATIONAL BE LIEVES EVERYONE SHARES THIS BASIC HUMAN RIGHT: TO LIVE FREE FROM POVERTY FOR GOOD. ITS AP PROACH TO ACHIEVING THIS VISION FOCUSES ON FIVE SPECIFIC CORE AREAS: HEALTH SERVICES, ECON OMIC ASSISTANCE, ACCESS TO EDUCATION AND LEARNING, EMOTIONAL WELL-BEING AND YOUTH EMPLOYAB ILITY. THROUGH ITS PROGRAMS, THE ORGANIZATION STRATEGICALLY PROVIDES THE SERVICES, TRAININ G AND OPPORTUNITIES CHILDREN AND YOUTH NEED TO BECOME PRODUCTIVE ADULTS. IN MARCH 2020, DU E TO THE PANDEMIC, PROGRAMS MOVED TO VIRTUAL PLATFORMS WHEREVER POSSIBLE. MEDICAL SERVICES THROUGH THE MEDICAL SERVICES PROGRAM, CHILDREN INTERNATIONAL MAKES SURE OUR ENTIRE SPONSO RED POPULATION HAS ACCESS TO BASIC MEDICAL SERVICES, SUCH AS EXAMS, MEDICINES AND SUPPLIES, FREE AND LOW COST REFERRALS FOR SPECIALIZED CARE, AND FINANCIAL SUPPORT FOR MEDICAL MERG ENCIS. WE PROVIDE THESE SERVICES BOTH DIRECTLY - THROUGH OUR COMMUNITY CENTRES AND TELEBALTH CONSULTS WITH OUR OWN MEDICAL SERVICES WILL SERVICES WE USE EDUCATIONAL SESSIONS, HOM VISITS AND OTHER SUPPORTS TO ENCOURAGE O UR FAMILIES TO EXERCISE THEIR RIGHT TO HEALTH CARE. AS PART OF ITS HEALTH INITIATIVES IS THE NUTRITION REHABILITATION PROGRAM. THIS APPROACH TARGETS UNDERNOURISHED CHILDREN AGES 3-11, THROUGH AN INTENSIVE NUTRITION OF MALAUTATION AND FORGAM. CHILDREN WHO ARE MODERNED UNDERSORA

990	Schedule	ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SUPPORT ENROLLMENT AND COMPLETION OF SCHOOL. BASED ON THE GREATEST NEEDS OF FAMILIES IN SP ECIFIC LOCATIONS, CHILDREN INTERNATIONAL PROVIDES ASSISTANCE SUCH AS SCHOOL UNIFORMS, SCHO OL SUPPLIES, SCHOOL FEES, TUITION AND TRANSPORTATION COSTS. AS YOUTH PROGRESS THROUGH SECO NDARY SCHOOL, SCHOLARSHIPS ARE AVAILABE TO SUPPORT THE INCREASED EDUCATION COSTS OF UPPER SECONDARY SCHOOL, SCHOLARSHIPS ARE AVAILABE TO SUPPORT THE INCREASED EDUCATION COSTS OF UPPER SECONDARY SCHOOL, SCHOLARSHIPS ARE AVAILABE TO SUPPORT THE INCREASED EDUCATION COSTS OF UPPER SECONDARY SCHOOL, SCHOLARSHIPS ARE AVAILABE TO SUPPORT THE INCREASED EDUCATION COSTS OF UPPER SECONDARY SCHOOL, SCHOLARSHIPS ARE AVAILABE TO SUPPORT THE INCREASED EDUCATION COSTS OF UPPER SECONDARY SCHOOL, SCHOLARSHIPS ARE AVAILABE TO SUPPORT THE INCREASE OF UPPER SECONDARY SCHOOL. AND CONTROL TO THE ABILITY TO MANAGE STRESS. CHILDREN IN THE MAND THEM NATIONAL'S EMPOWERMENT PROGRAMS FOCUS ON TEAC HING LIFE SKILLS THROUGH A VARIETY OF INTERACTIVE ACTIVITIES USING METHODS CHILDREN AND YO UTH ARE NATURALLY INTERESTED IN, SUCH AS SPORTS AND ARTS. THESE PROGRAMS BECOME VEHICLES TO TEACH LIFE SKILLS, WHICH ULTIMATELY HELP YOUNG PEOPLE BECOME CAPABLE ADULTS, ABLE TO SUC CEED IN THE WORKPLACE AND IN THE WORLD. LEADERSHIP TRAINING LEADERSHIP TRAINING PROVIDES C HILDREN AND YOUTH WITH A HANDS-ON LEARNING EXPERIENCE SO THAT THEY CAN PRACTICE IMPORTANT LIFE SKILLS, INCLUDING INTERPERSONAL COMMUNICATION, PUBLIC SPEAKING, TEAMWORK, PROBLEM ANA LYSIS & DECISION MAKING, CONFLICT RESOLUTION, AND RESOURCE MANAGEMENT. PARTICIPANTS LEARN THE MEANING OF LEADERSHIP AND HOW TO IDENTIFY AND STRENGTHEN LEADERSHIP QUALITIES IN THEMS ELVES AND IN THEIR PEERS. THOSE WHO EXCEL ARE LIKELY TO BE ELECTED TO THEIR LOCAL YOUTH CO UNCIL. THESE SELECT LEADERS DETERMINE THE BEST USE OF YOUTH EMPOWERMENT FUNDS, WHICH CHILD REN INTERNATIONAL PROVIDES FOR YOUTH TO ORGANIZE AND COMPLETE LOCAL COMMUNITY-IMPROVEMENT PROJECTS. THE CULMINATING ACTIVITY SOCIAL AND FINANCIAL EDUCATION IN ORDER TO IMPLEMENT TO SOCIAL

Return Reference	Explanation
FORM 990, PART III, LINE 4A	D BE GOOD EMPLOYEES. IN PARTNERSHIP WITH LOCAL BUSINESSES, CHILDREN INTERNATIONAL'S INTO E MPLOYMENT PROGRAM MATCHES YOUTH WITH TRADE SCHOOLS AND FORMAL WORK EXPERIENCE OPPORTUNITIE S, HELPING THEM ACQUIRE JOB SKILLS THAT ARE IN DEMAND LOCALLY. PANDEMIC RESPONSE OUR NEW E CONOMIC ASSISTANCE PROGRAM DEVELOPED IN RESPONSE TO THE PANDEMIC SUPPORTED FAMILIES IMMEDI ATE NEEDS DURING THE COVID PANDEMIC. THE PROGRAM PROVIDED DIRECT ECONOMIC ASSISTANCE TO PAY RENT, PURCHASE DATA PLANS OR COVER OTHER URGENT NEEDS. IN SOME PLACES CI PROVIDED FOOD A ND HYGIENE ITEMS.

990	Schedule	0,	Supplementa	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	COMMUNITY CENTERS & CARING ADULTS CHILDREN INTERNATIONAL PROVIDES ITS MOST COMPREHENSIVE P ROGRAMS WITHIN ITS COMMUNITY CENTERS. NEWER STATE-OF-THE-ART FACILITIES HAVE SPECIFIC YOUT H ROOMS AND AREAS, WHICH ARE SEPARATE FROM THE GATHERING SPACES FOR YOUNGER CHILDREN, TO E NCOURAGE PARTICIPATION AND ENHANCE YOUTH ACTIVITIES. WHILE BUILDINGS ARE IMPORTANT, THEY A REN'T WHAT MAKE CHILDREN INTERNATIONAL'S PROGRAMS A SUCCESS; IT'S THE PEOPLE WHO INVEST IN THE CHILDREN AND YOUTH WHO MAKE THE DIFFERENCE. LOCAL VOLUNTEERS GLOBALLY, MORE THAN 9,00 0 INDIVIDUALS VOLUNTEER IN SUPPORT OF CHILDREN INTERNATIONAL. THESE TRAINED VOLUNTEERS - T YPICALLY THE PARENTS OF SPONSORED CHILDREN NAD YOUTH - CONDUCT FAMILY VISITS IN SURPOUNDIN G NEIGHBORHOODS, ARE THE FIRST TO KNOW ABOUT LOCAL AND DOMESTIC SITUATIONS AND SERVE AS AN INVALUABLE CONDUIT OF INFORMATION AND KNOWLEDGE. THESE INDIVIDUALS ALSO SUPPORT PROGRAMM ING THAT TEACHES CHILDREN AND YOUTH HOW TO ORGANIZE PROJECTS AND BE LEADERS. THEN, THESE DE DICATED ADULTS ENCOURAGE YOUTH TO GIVE BACK THROUGH TUTORING YOUNGER CHILDREN AND LEADING COMMUNITY-IMPROVEMENT PROJECTS. IT IS NOT UNUSUAL FOR VOLUNTEERS TO SERVE FOR DECADES - WELL AFTER THEIR OWN CHILDREN HAVE GRADUATED FROM CHILDREN INTERNATIONAL'S PROGRAM. PROFESSI ONAL STAFF THE ORGANIZATION'S WORKFORCE IS COMPRISED OF IN-COUNTRY NATIONALS, INCLUDING EVERY DOCTOR, DENTIST, NUTRITIONIST, AGENCY DIRECTOR, TEACHER AND LIBRARIAN. THESE PROFESSIO NALS SPEAK THE SAME LANGUAGE AND DIALECT OF THE FAMILIES AND UNDERSTAND THE LOCAL CHALLENGES, CUSTOMS, LAWS AND SOCIAL NETWORKS OF THE COMMUNITIES WHERE OUR CHILDREN AND THEIR FAMIL LIES LIVE. ALLIANCES AND PARTNERSHIPS COLLABORATION IS THE KEY TO PROVIDING EFFECTIVE, ECO NOMICAL HUMANITARIAN RELIEF. THAT'S WHY CHILDREN INTERNATIONAL IS COMMITTED TO SECURING PARTNERSHIPS AND PRODUCT DONATIONS. THIS ADDITIONAL SUPPORT ALLOWS CHILDREN INTERNATIONAL TO REPOVIDE A HIGHER VOLUME OF DIRECT ASSISTANCE TO CHILDREN INTERNATIONAL HAS WORKED THE PROVIDED SO OKS. CHILDREN INTERNATIONS. ITS AGENCIES A

Return Reference	Explanation
FORM 990, PART III, LINE 4B	ITE PAPERS, SPEAKING PRESENTATIONS, BLOG POSTS, EDUCATIONAL FLIERS/BROCHURES AND PRESS REL EASES. TOGETHER, THESE EFFORTS ARE DESIGNED TO INFORM THE PUBLIC AND RAISE AWARENESS OF THE IMPACT THAT EVEN ONE PERSON CAN HAVE IN HELPING TO LIFT THOSE IN NEED OUT OF THEIR CIRCU MSTANCES. TRANSFORMING SPONSORS' LIVES SPONSORSHIP IS FAR MORE THAN AN EFFECTIVE FUNDING M ODEL. AT ITS CORE, SPONSORSHIP IS A SHARED EXPERIENCE BETWEEN AN INDIVIDUAL CONTRIBUTOR AN D AN INDIVIDUAL BENEFICIARY. WHILE THE ORGANIZATION'S PROGRAMS FOCUS ON IMPROVING THE LIVE S OF THOSE LIVING IN POVERTY, CHILDREN INTERNATIONAL ALSO RECOGNIZES THE POSITIVE IMPACT THE RELATIONSHIP BRINGS TO THE CHILD IN THE FORM OF ENCOURAGEMENT AND FRIENDSHIP. CONTRIBUT ORS ALSO REPORT INCREASING A SENSE OF PURPOSE AND FULFILLMENT. CHILDREN INTERNATIONAL STRI VES TO SHARE THIS KNOWLEDGE TO ENSURE SPONSORS UNDERSTAND HOW THEIR OWN LIVES MAY BE POSITIVELY TRANSFORMED BY BEING SUPPORTIVE OF THE ORGANIZATION, SPONSORED CHILDREN, AND YOUTH. CHILDREN INTERNATIONAL OFFERS ADDITIONAL OPPORTUNITIES TO SUPPORT ITS MISSION AND VISION. DONORS CAN FUND THE CONSTRUCTION OF COMMUNITY CENTERS, THROUGH WHICH THE ORGANIZATION PROVIDES ITS PROGRAMS IN IMPOVERISHED AREAS. DONORS ALSO CAN FUND PROGRAMS, SUCH AS TUTORING, MUSIC, DANCE, EMPLOYMENT, SCHOLARSHIPS AND MORE. CHILDREN INTERNATIONAL SUPPORTERS EXPERIENCE POSITIVE CHANGES IN THEIR OWN LIVES AS WELL. BY JOINING FORCES WITH THE ORGANIZATION, SUPPORTERS BECOME A PART OF SOMETHING BIGGER, A CARING COMMUNITY THAT DELIVERS LIFE CHANGING IMPACT TO CHILDREN AND YOUTH AROUND THE WORLD.

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW THE 990 IS PREPARED BY THE ORGANIZATION'S ACCOUNTING PERSONNEL. AN INDEPENDENT ACCOUNTING FIRM REVIEWS THE 990. AFTER THE 990 IS REVIEWED BY THE INDEPENDENT ACCOUNTING FIRM, IT IS THEN REVIEWED BY MEMBERS OF CHILDREN INTERNATIONAL'S EXECUTIVE MANAGEMENT AND ACCOUNTING PERSONNEL. EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS RECEIVES A COPY OF THE ENTIRE 990 AND ATTACHED SCHEDULES. THEY ARE GIVEN A ONE- TO TWO WEEK PERIOD DURING WHICH EACH HAS AN OPPORTUNITY TO REVIEW AND COMMENT ON THE INFORMATION INCLUDED IN THE RETURN. IF CHANGES ARE NEEDED AS A RESULT OF THE REVIEW, THE DRAFT IS RETURNED AND UPDATED TO REFLECT THE NEEDED CHANGES AND REDISTRIBUTED TO THE BOARD FOR A FINAL REVIEW AND THEN ELECTRONICALLY FILED WITH THE
	IRS.

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY EVERY EMPLOYEE IS ASKED TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE IF THERE ARE ANY CONFLICTS WHICH NEED TO BE COMMUNICATED TO THE ORGANIZATION. THE OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN A STATEMENT REPRESENTING THAT THEY ARE NOT A PARTY TO ANY RELATIONSHIP THAT WOULD CREATE A CONFLICT OF INTEREST BETWEEN THE OFFICER/DIRECTOR AND THE ORGANIZATION. IF A POTENTIAL CONFLICT OF INTEREST DOES OCCUR, THE INDIVIDUAL WILL BE ASKED TO ABSTAIN FROM VOTING AND MAY BE ASKED TO LEAVE THE ROOM DURING THE DISCUSSION. THE ORGANIZATION'S POLICIES PROHIBIT DOING BUSINESS WITH ANY COMPANY THAT IS OWNED OR CONTROLLED BY A DIRECTOR OR OFFICER OR IN WHICH AN OFFICER OR DIRECTOR OR MEMBER OF HIS/HER FAMILY HAS A SUBSTANTIAL FINANCIAL INTEREST.

Return

Reference	
PART VI, SECTION B, LINE 15A & CONSUL' REVIEW COMPEN COMPEN COMPEN	EER MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS (ALL DIRECTORS WHO ARE NOT EES) COMPRISE A COMPENSATION COMMITTEE WHICH IS RESPONSIBLE FOR REVIEWING AND APPROVING LY ANY CHANGES TO EMPLOYEE COMPENSATION. EACH YEAR A REPORT IS PREPARED BY A THIRD-PARTY FANT WHO GATHERS MARKET AND OTHER COMPARATIVE DATA AND REPORTS THE RESULTS OF SUCH AND RECOMMENDS ANY CHANGES TO THE ORGANIZATION'S COMPENSATION STRUCTURE. THE CEO SATION IS SPECIFICALLY REVIEWED WITHIN THE REPORT FOR ANALYSIS AND DETERMINATION BY SATION COMMITTEE. IN MAY 2019 THE BOARD PASSED A RESOLUTION TO MOVE REVIEW OF SATION FOR ALL OTHER EXECUTIVES FROM MAY 2020 TO NOVEMBER 2020 TO COINSIDE WITH THE TIMING IEW OF CEO COMPENSATION.

Explanation

Return Explanation
Reference

FORM 990, AVAILABILITY OF DOCUMENTS THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S 990 AND FINANCIAL STATEMENTS ARE SECTION C, PUBLISHED ON THE ORGANIZATION'S WEBSITE AND MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI,	OTHER CHANGES IN NET ASSETS CHANGE IN LIABILITY FOR GIFT ANNUITIES \$18,653 PARTNERSHIP INCOME (22,749) OTHER CHANGES (800) TOTAL \$(4,896)
LINE 9	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **2020** 

DLN: 93493054010192 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** CHILDREN INTERNATIONAL 44-6005794 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling End-of-year assets Primary activity entity or foreign country) Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (b) (c) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) CHILDREN INTL CHAPTERS OF AMERICA ASSISTANCE МО 501(C)3 CHILDREN INT 2000 E RED BRIDGE RD KANSAS CITY, MO 64131 43-1201088 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2020

		(b)	1		1	1	1			1		
(a) Name, address, and EIN of related organization			Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	n total income	(g) Share of end-of-year assets	(I Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	al or Per ging ow
					314)			Yes	No		Yes	No
<b>Identification of Related Orga</b> because it had one or more relate						l ization ans	L wered "Ye:	l s" on F	orm 9	I 990, Part IV	, line	34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	l do (state	(c) _egal omicile or foreign		entity (C c	(e) pe of entity orp, S corp, or trust)	<b>(f)</b> Share of total income		(g) e of end- year assets	of-Perce	ntage	Section (13) of en
		со	untry)									Yes
					- I							

Schedule R (Form 990) 2	020		Pa	ge <b>3</b>
Part V Transacti	ons With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete li	ne 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year,	did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) inte	rest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or cap	ital contribution to related organization(s)	<b>1</b> b	Yes	
<b>c</b> Gift, grant, or cap	tal contribution from related organization(s)	1c		No
<b>d</b> Loans or loan gua	rantees to or for related organization(s)	1d		No
e Loans or loan gua	rantees by related organization(s)	1e		No
<b>f</b> Dividends from rel	ated organization(s)	<b>1</b> f		No
g Sale of assets to i	elated organization(s)	<b>1</b> g		No
h Purchase of asset	s from related organization(s)	1h		No
i Exchange of asset	s with related organization(s)	1i		No
<b>j</b> Lease of facilities,	equipment, or other assets to related organization(s)	1j		No
<b>k</b> Lease of facilities,	equipment, or other assets from related organization(s)	1k		No
I Performance of se	vices or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of se	vices or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities	, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid er	nployees with related organization(s)	10		No
<b>p</b> Reimbursement p	aid to related organization(s) for expenses	<b>1</b> p		No
<b>q</b> Reimbursement p	aid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of o	ash or property to related organization(s)	1r		No
s Other transfer of	ash or property from related organization(s)	<b>1</b> s		No
2 If the answer to a	ny of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization  (b) Transaction Transaction type (a-s)  (d) Amount involved Method of determining		involved	I
1)CHILDREN INTERNATION				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
										Schedul	e R (Form	990	0) 2020						

Schedule R (Form 990) 2020			age <b>5</b>
Part VII	Supplemental Info	pplemental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	