EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	2020 calendar year, or tax year beginning $$ JUL $1,$ 2020 and end	ding J	<u>UN 30, 2021</u>							
	Check if applicable:	C Name of organization		D Employer identifie	cation number						
	Address	CHILDREN'S ALLIANCE									
	Name change	Doing business as		91-0982879							
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 100 SOUTH KING STREET, STE. 100-1026	om/suite	E Telephone number 206-324-0340							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,684,860.							
	Amende return		ľ	H(a) Is this a group re							
	Applica tion	F Name and address of principal officer: DK • SIEFIAN BLANT OKD		for subordinates							
	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
	Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions										
		e:▶ WWW.CHILDRENSALLIANCE.ORG		H(c) Group exemption							
		organization: X Corporation Trust Association Other ► Summary	L Year o	of formation: 1976 N	1 State of legal domicile: WA						
		Briefly describe the organization's mission or most significant activities: SEE SC	HEDUI	ιε ο							
Governance		briefly describe the organization's mission of most significant activities.									
rna	2 (Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net ass	ets.						
ove	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	12						
	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	12						
es &		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			16						
ξį		otal number of volunteers (estimate if necessary)			100						
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
_	1 d	let unrelated business taxable income from Form 990-T, Part I, line 11	······		0.						
				Prior Year	Current Year						
ě	8 (Contributions and grants (Part VIII, line 1h)		1,368,603.	1,684,397.						
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	0.						
Rev	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,227.	43.						
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	l l	-558.	20.						
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,370,272. 45,000.	1,684,460						
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,000.	45,000.						
	1	Renefits paid to or for members (Part IX, column (A), line 4)		1,081,008.	767,329.						
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	707,329.						
Expenses	10a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ■ 177,190		0.	0.						
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		725,658.	458,603.						
	" (otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,851,666.	1,270,932.						
		Revenue less expenses. Subtract line 18 from line 12		-481,394.	413,528.						
		nevertue less expenses. Subtract line 10 nont line 12	Rec	inning of Current Year	End of Year						
Assets or	20 T	otal assets (Part X, line 16)	Deg	1,274,985.	1,497,707.						
ASSE	21 7	otal assets (Fart X, line 10)		391,034.	200,228.						
Net/	22 1	let assets or fund balances. Subtract line 21 from line 20		883,951.	1,297,479.						
	art II	Signature Block		000/00=0							
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules an	ıd statemei	nts, and to the best of my	knowledge and belief, it is						
	•	and complete. Declaration of preparer (other than officer) is based on all information of which		•	,						
Sig	n	Signature of officer		Date							
Her		SARAH ALEXANDER, TREASURER									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN						
Paid	1 2	ALLEN GILBERT, CPA ALLEN GILBERT, CP.	A 0	1/10/22 self-employ							
Pre		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749						
Use	Only	Firm's address 10700 NORTHUP WAY, SUITE 200									
		BELLEVUE, WA 98004		Phone no. 42	<u>5-250-6100</u>						
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No						

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE WELL BEING OF CHILDREN BY EFFECTING POSITIVE CHANGES IN
	PUBLIC POLICIES, PRIORITIES, AND PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 431,923 • including grants of \$ 45,000 •) (Revenue \$ 0 •)
	EARLY LEARNING: CHILDREN'S ALLIANCE PROVIDED KEY SUPPORT TO ADVOCACY
	THAT LED TO THE BIPARTISAN PASSAGE OF THE FAIR START FOR KIDS ACT (SB
	5237). THE ACT REPRESENTS THE LARGEST INVESTMENT IN EARLY LEARNING IN
	STATE HISTORY. THIS LEGISLATION TAKES A COMPREHENSIVE APPROACH TO
	AFFORDABILITY AND ACCESS TO EARLY LEARNING, WITH DRAMATIC NEW
	INVESTMENTS IN WORKING CONNECTIONS CHILD CARE, ECEAP, HOME VISITING AND
	OTHER PROGRAMS OF SUPPORT FOR FAMILIES WITH YOUNG CHILDREN. DESIGNED TO
	PROMOTE EQUITY, THE ACT CREATES ADDITIONAL SUPPORTS FOR CULTURALLY AND
	LINGUISTICALLY DIVERSE EARLY LEARNING.
	DINGOIDIICADDI DIVERDE BARDI DEARNING:
4b	(Code:) (Expenses \$ 218,059 • including grants of \$0 • (Revenue \$)
40	(Code:) (Expenses \$
	FUNDS TO ESTABLISH THE DENTAL THERAPY TASK FORCE WHICH WILL CONVENE KEY
	STAKEHOLDERS TO OFFER RECOMMENDATIONS ON BRINGING THE CURRENT PRACTICE
	OF DENTAL THERAPY ON TRIBAL LANDS TO A STATEWIDE SCALE BY EXAMINING
	BEST PRACTICES, REVIEWING DATA-DRIVEN EVIDENCE, AND REPORTING THEIR
	FINDINGS TO THE LEGISLATURE BY THE END OF 2021. WHILE DENTAL THERAPISTS
	ARE CURRENTLY WORKING OR AUTHORIZED IN 12 STATES, THEY ARE ONLY ALLOWED
	· · · · · · · · · · · · · · · · · · ·
	TO WORK IN TRIBAL SETTINGS IN WASHINGTON STATE, WHICH LIMITS THEIR REACH HERE.
	REACH HERE.
	(Code:) (Expenses \$ 164,195. including grants of \$ 0.) (Revenue \$ 0.)
4C	(Code:) (Expenses \$ 164,195. including grants of \$ 0.) (Revenue \$ 0.) (Revenue \$ 0.) (Revenue \$ 0.)
	COUNT GRANTEE IN WASHINGTON STATE; THIS WORK DEVELOPS AND PROMOTES
	DISSEMINATION AND UNDERSTANDING OF CRITICAL DATA NECESSARY TO
	UNDERSTAND THE STATE OF WASHINGTON'S CHILDREN. REVENUE: IN 2021, THE
	WASHINGTON LEGISLATURE PASSED A CAPITAL GAINS TAX ON EXTRAORDINARY
	PROFITS; THIS REVENUE WILL GO TOWARD FUNDING THE FAIR START FOR KIDS
	ACT & OTHER SERVICES; THIS IS A CAMPAIGN ACHIEVEMENT FOR CHILDREN'S
	·
	ALLIANCE, WHICH HAS SUPPORTED PROGRESSIVE REVENUE FOR SEVERAL YEARS.
4d	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 814,177.
<u>4e</u>	
	Form 990 (2020)

Form 990 (2020) CHILDREN'S ALLIANCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	۰.		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form 990 (2020) CHILDREN'S ALLIANCE

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	Na
00	Did the averagination was at some than \$5,000 of average as at least an element in all viduals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_^_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
L	Schedule K. If "No," go to line 25a	24a 24b		
		240		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the exemptation act as an long behalf of lineary for bonds outstanding at any time during the year?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-		
-	October 18 M. Doutt	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	T V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	4 12-23-20	Form	990	(2020)

Form 990 (2020) CHILDREN'S ALLIANCE Part V 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, lied for the calendar year ending with or within the year overed by this return b if at least one is reported on line 2a, did the organization line 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-fise (see Instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 At any time during the calendary ear, did the organization have 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 or foreign country (such as a bank account, securities account, or other financial account)? 5 a Was the organization have for incolors for FinCEN Form 114, Report of Foreign Bank and Financial accounts; FEAF8, 5 a Was the organization that it was or is a party to a prohibited tax shelter transaction? 5 a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charnable contributions? 5 a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductables a charnable contributions. 5 a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization to lead to the payor? 7 b If "Yes," did the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductables a charnable contributions. 6 a Destination state and accountable of the contributions and party for goods and services provided to the payor? 7 b If "Yes," indicate the number of Forms 82622 filed during the year. 8 b If "Yes," indicate the number of froms 8262					Yes	No		
b If a least one is reported on line 2a, did the organization lie 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) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e/lis_(see instructions) 3 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? for this year? If "No" to line 3b, provide an explanation on Schedule O 3b Instruction of the authority over, a financial account in a foreign country [such as a bark account, securities account, or other financial account? 4 a Instruction of the programments for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charitable contributions? 6b or the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charitable contributions? 6b organizations that may receive eductable contributions and expenses statement that such contributions or gifts were not tax deductables a charitable contribution and party for goods and services provided to the payor? 7c organizations that may receive eductable contribution and party for goods and services provided to the payor? 7c organizations that may receive eductable contribution on apprehension and party for goods and services provided to the payor? 7c organization shall any repair it excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7c organization receive a contribution of undersided to the payor pa		filed for the calendar year ending with or within the year covered by this return	2a 16					
3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 3b bit 1/1%es*; instanction are interested in the organization have an interest in, or a signature or other authority over, a transcribe account, a country (such as a bank account, securities account, or other financial account) in oreign country (such as a bank account, securities account, or other financial account) in oreign country (such as a bank account, securities account, or other financial account). 5a In 1/1%es* (such as a bank account, securities account, or other financial account); 5a Was the organization a party to a prohibete tax shelter transaction at any time during the tax year? 5a Was the organization to a prohibete tax shelter transaction at any time during the tax year? 5b Unit any taxable party nority the organization that it was or is a party to a prohibeted tax shelter transaction? 5c 1/1/2%es* (and the organization that it was or is a party to a prohibeted tax shelter transaction? 5c 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х			
b If "Yes," has it flied a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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, excertise account, or other financial accountly over, a financial account in a foreign country [such as a bank account sequence, or other financial accountly for the property of the organization network of the property of the organization property of the property of the organization property of the property of the property of the organization organization property of the property of the property of		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Such as a bank account, securities account, or other financial accountity over, a financial accountity over, a financial accountity over, a financial account in a foreign country ▶ 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b I Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor? bill "Yes", did the organization norbity the donor of the value of the opecods or services provided? c) bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? d) If "Yes", include the number of Forms 8282? filed during the year e) bill the organization received an contribution of qualified intellectual property, did the organization file a Form 1098 C? 7c I bill the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7h Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a didiributio	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization file Form 888617? 5c 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 Different than the acquirement of the season of the	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X		
If "Yes," complete Form 4720, Schedule O.								
	16		income?	16		X		
		If "Yes," complete Form 4720, Schedule O.		Г-	990	(0000		

Form **990** (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records GAIL WILDER - 206-324-0340

Form **990** (2020)

100-1026

100 SOUTH KING STREET, STE.

98104

SEATTLE

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unles cer an	Pos heck i ss per	more son i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAOLA MARANAN	37.50							60.074		
EXECUTIVE DIRECTOR (THRU 6/20)	27.50			Х				68,874.	0.	0.
(2) STEPHAN BLANFORD	37.50	-						60 500	•	F 101
EXECUTIVE DIRECTOR				Х				62,703.	0.	5,191
(3) GABRIELA QUINTANA	6.00	. ,		ν,					0	0
PRESIDENT (4) HILLARY MADSEN	4.00	Х		Х				0.	0.	0.
(4) HILLARY MADSEN VICE PRESIDENT (THRU 11/20)	4.00	х		х				0.	0.	0 .
(5) SARAH ALEXANDER	4.00	Λ		^				0.	0.	0 (
TREASURER	4.00	Х		х				0.	0.	0 .
(6) STEPHANIE THORPE	4.00	Λ		^				0.	0.	0 .
SECRETARY & VICE PRESIDENT	4.00	Х		Х				0.	0.	0.
(7) EMILY VAN DYKE	2.00	25						•	•	•
SECRETARY	2000	х		x				0.	0.	0.
(8) ANNE GIENAPP	2.00								•	
MEMBER		Х						0.	0.	0.
(9) HEATHER GINGRICH	2.00									
MEMBER		Х						0.	0.	0 .
(10) MAKEBA GREENE	2.00									
MEMBER (THRU 2/21)		Х						0.	0.	0
(11) AMY HUANG	2.00									
MEMBER		Х						0.	0.	0 .
(12) BRUCE LAMB	2.00									
MEMBER		Х						0.	0.	0 .
(13) SHEELY MAUCK	2.00	1								
MEMBER		Х						0.	0.	0 .
(14) MINU RANNA-STEWART	2.00									_
MEMBER		Х						0.	0.	0.
(15) ASHLEY RUSSELL	2.00	. ,								_
MEMBER	1 2 22	Х				_		0.	0.	0 .
(16) SHERRY WOLSON	2.00	3.7							_	_
MEMBER		Х				-		0.	0.	0.
		1		l		1		1		

Form 990 (2020)

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	<u>iH t</u>	ghes	st Co	ompensated Employee	s (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	(do		Pos			200	Reportable	Reportable		Es	stimat	ed
		hours per	box	not c , unle	ss per	rson i	s both	n an	compensation	compensatio	n	ar	nount	of
		week		cer ar	nd a di	irecto	r/trus T	tee)	from	from related	l		other	
		(list any	ector						the	organization			pensa	
		hours for related	or dir	e e			ated		organization	(W-2/1099-MIS	SC)		rom th	
		organizations	ustee	truste		e.	bens		(W-2/1099-MISC)				janizat	
		below	ual tr	tional		ploye	t con	_					d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	ailizati	10113
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			ł											
		-												
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			ł											
								<u> </u>	121 577		_		г 1	0.1
	Subtotal								131,577.		0.		5,1	<u>91.</u> 0.
	Total from continuation sheets to Part VI								131,577.		0.	5,191.		
	Total (add lines 1b and 1c)							<u> </u>	•	000 ()			J, 1	<u> </u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d an	oove) wh	o re	eceived more than \$100,	000 of reportable)			0
	compensation from the organization												Yes	No
•	Did the americation list on favore affican	-1:	1					اند: دا					163	140
3	Did the organization list any former officer,	•	-	•	•	•		•	•	•		_		Х
	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the su	•							•	•		4		Х
_	and related organizations greater than \$150											4		
5	Did any person listed on line 1a receive or a	•				,			•			-		Х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	iplete Schedule	9 <i>J f</i>	or st	ıch <u>ı</u>	oers	on					5		Λ
		mnanaatad ina			ot o.		t		act received mare than (100 000 of com		tion fr		
1	Complete this table for your five highest co										ensa	LION IN	OIII	
	the organization. Report compensation for	ine calendar ye	eare	enair	ig w	iui c	or wi	unin		ear.			21	
	(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	C		C) nsatio	n
			11/) I V I				\dashv	2000p.1101.101.101	5.1.000				
								\dashv						
								\dashv		+				
								\dashv						
								\dashv						
2	Total number of independent contractors (ii	ncluding but p	ot lin	niter	d to	thos	e lie	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organic		J. 111			(Lou	assvoj wno robolvod me	,, c u iui i				

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Form **990** (2020)

		Check if Schedule O contains a response o	or note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			22,562.				
ij g			81,275.				
ts, Ar		9	01,2/3.				
ig ig		d Related organizations 1d	202 640				
ns, jim			202,640.				
ξĖ	1	All other contributions, gifts, grants, and					
ig He			<u>377,920.</u>				
dit		Noncash contributions included in lines 1a-1f 1g \$	1,663.				
<u>ဒိ မ</u>		1 Total. Add lines 1a-1f)	1,684,397 .			
			Business Code				
ø	2	a					
Ş							
Ser							
E S							
gra Re							_
Program Service Revenue							
_		All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		43.			43.
		other similar amounts)		43.			40.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
e		and sales expenses 7b					
en		Gain or (loss) 7c					
Şe.		d Net gain or (loss)					
her Revenue		a Gross income from fundraising events (not					
ō		including \$ 81 , 275 . of					
		contributions reported on line 1c). See	_				
		Part IV, line 188a	0.				
		Less: direct expenses 8b	400.				
		Net income or (loss) from fundraising events		-400.			-400.
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		, , , , , , , , , , , , , , , , , , , ,	Business Code				
Miscellaneous Revenue	11 :	MISCELLANEOUS INCOME	611110	420.			420.
ine Due							
ella							
<u>is</u>		d All other revenue					
Σ		e Total. Add lines 11a-11d	>	420.			
	12	Total revenue. See instructions		1,684,460.	0.	0.	63.

Form 990 (2020) CHILDREN'S ALLIANCE Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			•	X
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	45,000.	45,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 000	77 400	25 000	25 000
	trustees, and key employees	129,000.	77,400.	25,800.	25,800.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	533,268.	290,352.	126,862.	116 054
7	Other salaries and wages	333,400.	430,334.	140,004.	116,054.
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	50,619.	35,117.	4,377.	11,125.
9	Other employee benefits	54,442.	28,402.	16,477.	9,563.
10	Payroll taxes	34,444.	20,402.	10,477.	3,303.
11	Fees for services (nonemployees):				
a		2,503.		2,503.	
b	<u> </u>	19,430.		19,430.	
_	Accounting	10,4300		10,450.	
d e					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	303,041.	296,744.	6,197.	100.
12	Advertising and promotion	1,420.	1,320.	100.	
13	Office expenses	12,904.	2,986.	7,555.	2,363.
14	Information technology	31,515.	4,148.	27,367.	
15	Royalties	, -	, -	,	
16	Occupancy	54,220.	25,203.	23,829.	5,188.
17	Travel	287.	126.	161.	•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	266.		266.	
20	Interest				
21	Payments to affiliates		_		
22	Depreciation, depletion, and amortization	14,511.	7,255.	3,628.	3,628.
23	Insurance	11,654.		11,654.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OBTION ' T	6,852.	124.	3,359.	3,369.
b		,	-	,	,
c					
d					
е	All other expenses		_		
25	Total functional expenses. Add lines 1 through 24e	1,270,932.	814,177.	279,565.	177,190.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			149,070.	1	268,496.
	2	Savings and temporary cash investments			532,262.	2	837,067.
	3	Pledges and grants receivable, net			522,796.	3	344,819.
	4	Accounts receivable, net			6,180.	4	0.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ns		5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in se	ion 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	5			10,571.	9	14,119.
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D		58,223.			
	b	Less: accumulated depreciation	10b	25,017.	43,106.	10c	33,206.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			11,000.	15	0.
	16	Total assets. Add lines 1 through 15 (must e			1,274,985.	16	1,497,707
	17	Accounts payable and accrued expenses			161,172.	17	74,918
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
22	22	Loans and other payables to any current or fo					
Ě		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unr			202 642	23	102 520
	24	Unsecured notes and loans payable to unrela			202,640.	24	103,532
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin		· · · · · · · · · · · · · · · · · · ·	27 222		21 770
		of Schedule D			27,222.		21,778. 200,228.
	26	Total liabilities. Add lines 17 through 25			391,034.	26	200,220
ွှ		Organizations that follow FASB ASC 958, c	песк пе				
ဋ	07	and complete lines 27, 28, 32, and 33.			252,151.	27	461,479.
ala	27	Net assets without donor restrictions			631,800.	28	836,000.
g	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			031,000.	20	030,000
두		and complete lines 29 through 33.	, 956, CII	ck fiere			
ō	20		40			29	
ers	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or				30	
SS	30	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	31				883,951.	32	1,297,479.
ラ	32	Total net assets or fund balances	·····	1,274,985.	33	1,497,707.	

Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,68				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,27				
3	Revenue less expenses. Subtract line 2 from line 1	3		3,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	88	3,9	<u>51.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,29	7,4	79.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?	-	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b				
	-		Form	990	(2020)		

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHILDREN'S ALLIANCE

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

				<u> </u>		<u> </u>					
he	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	•		· ·						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org				ed in conju	inction with a land-grant	college			
		or university or a non-land-g				-	_	-			
		university:		,		, ,	,				
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from			
		activities related to its exem									
		income and unrelated busin		•	` '		• •	•			
		See section 509(a)(2). (Cor		,			, ,	,			
11		An organization organized a	•	vely to test for public sat	fetv. See	section 50	09(a)(4).				
12	一	An organization organized a	•	•	•			purposes of one or			
		more publicly supported org	•	- ·	•		· · · · · · · · · · · · · · · · · · ·				
		lines 12a through 12d that of	-								
а		Type I. A supporting orga	* *					aivina			
		the supported organization	•		•	_					
		organization. You must c		• • • •	,, -			9			
b		Type II. A supporting orga	-		ion with its	s supporte	ed organization(s), by hay	vina			
_		control or management of	•					-			
		organization(s). You mus			arrio porco	110 11141 001	narage the eapp	70110 u			
С		Type III functionally inte			in connect	ion with.	and functionally integrate	ed with			
_		its supported organization					• •	,			
d		Type III non-functionally						ration(s)			
		that is not functionally into					• • • • • •	* *			
		requirement (see instructi	-	•	•		•				
е		Check this box if the orga	· ·	-							
_		functionally integrated, or					.,po.,,.,po,.,po				
f	Ente	r the number of supported o									
		ide the following information	-								
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				,							
ota	al						I				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1150941.	2246440.	1193879.	1375196.	1684397.	7650853.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1150941.	2246440.	1193879.	1375196.	1684397.	7650853.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						2485272.	
6	Public support. Subtract line 5 from line 4.						5165581.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	1150941.	2246440.	1193879.	1375196.	1684397.	7650853.	
	Gross income from interest,							
_	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	346.	0.	5,345.	2,227.	43.	7,961.	
9	Net income from unrelated business						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ū	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	2,014.	1,740.	300.	1,100.	420.	5,574.	
11	Total support. Add lines 7 through 10	2,021	2,7,200	3001	2,2001	1201	7664388.	
	Gross receipts from related activities,	etc (see instruction	ine)			12	64,600.	
	First 5 years. If the Form 990 is for the		,				0 2 7 0 0 0 0	
.0	organization, check this box and stor							
Sec	ction C. Computation of Publi							
	Public support percentage for 2020 (li			column (f))		14	67.40 %	
	Public support percentage from 2019					15	67.07 %	
	33 1/3% support test - 2020. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization qual	•		•		•		
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts	-						
	meets the facts-and-circumstances te						▶ □	
h	10% -facts-and-circumstances test	-	· ·	*	-			
~	more, and if the organization meets the	· ·				•		
	organization meets the facts-and-circu				-		ightharpoonup	
18	Private foundation. If the organization						······································	
<u></u>	Schedule A (Form 990 or 990-EZ) 2020							

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•			
Se	check this box and stop here ction C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				(1)		18	
	a 33 1/3% support tests - 2020. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?	1	+
	A family member of a person described in line 11a above?)	_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	;	
Sec	tion B. Type I Supporting Organizations		_
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>			Τ
	Mars a majority of the averagization's divertors by twisters during the tay year along majority of the divertors	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	INO
•	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?		
2	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 Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		\perp
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		•	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations _{(continued})					
Secti	tion D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2	2						
3	Administrative expenses paid to accomplish exempt purpose	3 (3						
4	Amounts paid to acquire exempt-use assets		4	1					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	į	5					
6	Other distributions (describe in Part VI). See instructions.			5					
7	Total annual distributions. Add lines 1 through 6.		7	7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			3					
9	Distributable amount for 2020 from Section C, line 6		9	9					
10	Line 8 amount divided by line 9 amount	T	10)					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
<u>a</u>	From 2015								
b	From 2016								
c	From 2017								
d	From 2018								
е	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2020 distributable amount								
<u>i</u>	Carryover from 2015 not applied (see instructions)								
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
<u>b</u>	Applied to 2020 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
<u>a</u>	Excess from 2016								
b	Excess from 2017								
c	c Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

2020.05030 CHILDREN'S ALLIANCE

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANNIE E. CASEY FOUNDATION	610,000.	456,712.
BILL & MELINDA GATES FOUNDATION	1,590,000.	1,436,712.
PACIFIC HEALTH PRESERVATION & DEVELOPMENT AUTHORITY	165,000.	11,712.
W.K. KELLOGG FOUNDATION	300,000.	146,712.
SATTERBERG FOUNDATION	500,000.	346,712.
ARCORA FOUNDATION	240,000.	86,712.
Total Excess Contributions to Schedule A, Part II, Line 5		2,485,272.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

2000

91-0982879

2020

OMB No. 1545-0047

Name of the organization Employer identification number

CHILDREN'S ALLIANCE

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

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certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CHILDREN'S ALLIANCE

91-0982879

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ANNIE E. CASEY FOUNDATION 701 ST. PAUL STREET BALTIMORE, MD 21202	\$\$25,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	ALLIANCE FOR EARLY SUCCESS P.O. BOX 6756 LEAWOOD, KS 66206	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	ARCORA FOUNDATION P.O. BOX 75983 SEATTLE, WA 98175	\$\$0,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	BILL & MELINDA GATES FOUNDATION 500 5TH AVE N SEATTLE, WA 98109	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	COMMUNITY CATALYST ONE FEDERAL STREET, 5TH FLOOR BOSTON, MA 02110	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	PERIGEE FUND 500 E. PIKE ST, STE 100C SEATTLE, WA 98122	\$\$_	Person X Payroll		
	·	Cabadula B /Farra	000 000 F7 av 000 PF) (0000)		

Name of organization Employer identification number 91-0982879

CHILDREN'S ALLIANCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	PARTNERSHIP FOR AMERICA'S CHILDREN 1101 14TH STREET NW SUITE 600 WASHINGTON, DC 20005	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$202,640	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

CHILDREN'S ALLIANCE

91-0982879

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

Name of organization **Employer identification number** CHILDREN'S ALLIANCE 91-0982879 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	● Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
Nan	ne of organization			Emp	loyer identification number			
	CHILDRE	N'S ALLIANCE			91-0982879			
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.			
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	S			
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)(3).				
1	Enter the amount of any excise tax				<u> </u>			
	Enter the amount of any excise tax							
	If the organization incurred a section							
48	a Was a correction made?				Yes No			
<u>k</u>	f "Yes," describe in Part IV.							
_	·	janization is exempt und		<u> </u>	e)(3)			
	Enter the amount directly expended				S			
2	Enter the amount of the filing organ		•					
_	exempt function activities				S			
3	Total exempt function expenditures		<i>'</i>					
4	line 17b Did the filing organization file Form				Yes No			
5	Enter the names, addresses and en							
٥	made payments. For each organiza	• •	•	•	• •			
	contributions received that were pro-	·			·			
	political action committee (PAC). If	additional space is needed, prov	ride information in Part	IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Sche	edule C (F	orm 990 or 990-EZ) 2020	CHILDREN'S	ALLIANCE			982879 Page 2
	rt II-A	Complete if the org	anization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	heck >	section 501(h)).	tion belonge to an offi	isted are us (and list in	Dort IV analy offiliated	ava un mambavia nama	addraga FIN
AC	леск 🖊		-	· · ·	Part IV each affiliated	group member's name	e, address, EIN,
n 0	.	_ ' '	e of excess lobbying e	• /	. data a a a a a b		
B C	heck -	if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.	/ \ F'''	41 \ A (C) 1
			ts on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lok	bying expenditures to influ	uence public opinion (grassroots lobbying)		2,316.	
b	Total lok	bying expenditures to influ	uence a legislative bod	y (direct lobbying)		91,849.	
c		bying expenditures (add li	•			94,165.	
d		cempt purpose expenditure				999,577.	
е	Total ex	empt purpose expenditure				1,093,742.	
f		g nontaxable amount. Ente				184,374.	
	If the am	ount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
	Not ove	r \$500,000	20% of t	the amount on line 1e.			
	Over \$5	00,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
	Over \$1	,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,0	000.			
		,					
	Grassro	ots nontaxable amount (en	ter 25% of line 1f)			46,094.	
h	Subtrac	t line 1g from line 1a. If zer	o or less, enter -0-			0.	
i	Subtrac	t line 1f from line 1c. If zero	o or less, enter -0-			0.	
j	If there i	s an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	ition file Form 4720		
	reporting	g section 4911 tax for this	year?				Yes No
			4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
			Lobbying Exper	nditures During 4-Yea	r Averaging Period		
		Calendar year al year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total

	<u> </u>		<u> </u>				
Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	216,784.	234,354.	242,583.	184,374.	878,095.		
b Lobbying ceiling amount (150% of line 2a, column(e))					1,317,143.		
c Total lobbying expenditures	101,811.	106,401.	122,974.	94,165.	425,351.		
d Grassroots nontaxable amount	54,196.	58,589.	60,646.	46,094.	219,525.		
e Grassroots ceiling amount (150% of line 2d, column (e))					329,288.		
f Grassroots lobbying expenditures	6,779.	4,804.	4,562.	2,316.	18,461.		

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 CHILDREN'S ALLIANCE 91-09828 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part II answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) onodeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	did the filing organization attempt to influence foreign, national, state, or including any attempt to influence public opinion on a legislative matter nrough the use of: nagement (include compensation in expenses reported on lines 1c through 1i)? nents?	mount
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expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		
b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	nich the section 527(f) tax was paid).	
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c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	ent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
expenditure next year?	year?	
Taxable amount of lobbying and political expenditures (See instructions)5		
art IV Supplemental Information	emental Information	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHILDREN'S ALLIANCE

Employer identification number 91-0982879

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds	(b) Funds 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 advisors in v	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring				
_							
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area				
	Protection of natural habitat	Preservation of	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		1 1				
	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a						
_	listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax				
4	year	nament is leasted					
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per						
3	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū	Land volunteer modes devoted to morntoning, inspecting,	rialiting of violations, and officially cons	orvation casemonts daring the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year				
•	▶ \$		ion cacomonic daming and year				
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(r	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn	·					
	organization's accounting for conservation easements.	•					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works				
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	therance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,				
	provide the following amounts relating to these items:						
	(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, historical treatments	asures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under FASB A	_					
а	Revenue included on Form 990, Part VIII, line 1		*				
-	Assets included in Form 990, Part X		> \$				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020				

032051 12-01-20

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Other	Similar	Assets	(contin	ued)	
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance I Destributions during the year 1 E	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make sig	gnificant u	ise of its	•	,	
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount 1c Amount 1d Database C Beginning balance 1d Database 1		collection items (check all that apply):										
c	а	Public exhibition	c	. i	Loan or exc	hange progra	am					
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IVI, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of prometry Yes No If 'Yes,' Explain the arrangement in Part XIII and complete the following table: C	b	Scholarly research	e	, 🔲	Other							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, and the arrangement in Part XIII and complete the following table: Complete the organization and the arrangement in Part XIII and complete the following table: Complete the organization and the arrangement in Part XIII and complete the following table: Complete the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tiability? Yes No	С	c Preservation for future generations										
Does sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	r similar a	assets				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	llection?				Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table:	Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	'Yes" on	Form 990	, Part IV,	ine 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment M Permanent endowment M Permanent endowment M Permanent endowment M Permanent endowment M Permanent endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1e	1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other ass	ets not ir	ncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1e		on Form 990, Part X?								Yes		No
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e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations 2 A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value depreciation	d	Grants or scholarships										
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f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		and programs										
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f											
a Board designated or quasi-endowment ▶	g											
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)) held as:						
Term endowment ▶	а	Board designated or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land 1a Land	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiiii) Related organizations (iiiiiii) Related organizations (iiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	e organiza	ition	_		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value		by:									Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value		(i) Unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										3a(ii)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on So	chedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par	t VI Land, Buildings, and Equipm	ent.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X, I	ine 10.				
		Description of property	1 ' '						ed	(d) Book	value	9
	1a	Land										
		Buildings										
c Leasehold improvements												
d Equipment 31,001. 25,017. 5,984.					3	1,001.		25,01	L7.	5	, 98	$\overline{34.}$
e Other 27,222. 27,222.					2	7,222.						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)			•	X. colum	nn (B). line 1	0c.)				33	3,20	J6.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 CHILDREN'S	S ALLIANCE	91	L-0982879 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of securi		(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
		11a Saa Farm 000 Dort V lina 12	
Complete if the organization answered "You (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	
	(b) Book value	(e) metrica er variadrien. eest er en	a or your market value
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B)	line 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Ye	es" 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			
(2) LEASE PAYABLE			21,778.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(O)			

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

21,778.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,684,860.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		400.		
е				2e	400.
3	Subtract line 2e from line 1			3	1,684,460.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,684,460.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,271,332.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	/-	1 1	400.		
е	Add lines 2a through 2d			2e	400.
3	Subtract line 2e from line 1			3	1,270,932.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,270,932.
Pa	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and additional additional and additional	tional informat	tion.		
PAI	RT X, LINE 2:				
~					
CH.	ILDREN'S ALLIANCE IS EXEMPT FROM FEDERAL IN	COME TA	X UNDER I	NTE	RNAL
<u>RE</u> \	VENUE CODE SECTION 501(C)(3). IT IS NOT A P	RIVATE	FOUNDATIO	N W.	TTHIN THE
	OF GEORGE FACTOR FOR THE GODE DEGLES				
ME/	ANING OF SECTION 509(A) OF THE CODE BECAUSE	IT IS	AN ORGANI	ZAT.	LON
		/ - \			
DES	SCRIBED IN SECTIONS $509(A)(1)$ AND $170(B)(1)$	(A)(VI)	. THE ALL	IAN	CE'S
INC	COME TAX FILINGS ARE SUBJECT TO EXAMINATION	BY VAR	LIOUS TAXI	NG	
AU'.	THORITIES. THE ALLIANCE BELIEVES THAT IT HA	S APPRO	PRIATE SU	PPOI	RT FOR ANY
					_
TAX	K POSITIONS TAKEN, AND AS SUCH, DOES NOT HA	VE ANY	UNCERTAIN	TA	X
		am			
PO 8	SITIONS THAT ARE MATERIAL TO THE FINANCIAL	STATEME	NTS.		
PΔI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				

FUNDRAISING EXPENSES

Schedule D (Form 990) 2020

400.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
CHILDREN'S ALLIANCE 91-0982879							
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.							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt I		-				
		of fundraising event contributions and gro	1				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			VOICES FOR			NONE	(add col. (a) through
			CHILDREN LUN		want tuna)	(total number)	col. (c))
e			(event type)	(e	vent type)	(total number)	
Revenue	_	Our constraints	01 275				91 275
Вè	1	Gross receipts	81,275.				81,275.
	2	Less: Contributions	81,275.				81,275.
	_	Less. Contributions	01/2/31				01/2/31
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
ses							
pen	6	Rent/facility costs					
Direct Expenses	_	Food and houseness					
irec	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					400.
	10	Direct expense summary. Add lines 4 through				>	400.
	11	-				>	-400.
Pa	ırt I		answered "Yes" on Form	1990, Pa	art IV, line 19, or i	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	Τ				T.,,
e			(a) Bingo		ull tabs/instant rogressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/p	rogrossive bilige		con (a) a nough con (c)
Вe	1	Gross revenue					
_	•	Gross revenue					
	2	Cash prizes					
Jses							
çper	3	Noncash prizes					
Direct Expenses							
)irec	4	Rent/facility costs					
_	5	Other direct expenses			24		,
		Volunteer labor	Yes %		es %	Yes %	6
	0	volunteer labor	No No	N	0	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			>	
		, , , , ,	()				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
		ter the state(s) in which the organization condu					
		he organization licensed to conduct gaming ac					Yes No
b	If "	No," explain:					
	_						
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated	d during the tax v	/ear?	Yes No
		Yes," explain:					115 110
		•					
03208	32 11	-25-20				Schedule G (F	orm 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 CHILDREN'S ALLIANCE 91	-0982879	Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
,	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\tau_{\text{s}} = \text{since the amount}\$ \$\bigs\tau_{\text{s}} = \text{since the amount}\$		
(If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of conjuga provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	and the state provide Research	Yes	☐ No
,	retain the state gaming license? Discrete the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
•	organization's own exempt activities during the tax year > \$	5	
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	I Part III lines 0 0h	10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 art III, III 100 0, 00	, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional mornation. Occ instructions.		
_			

Schedule G (Form 990 or 990-EZ) CHILDREN'S ALLIANCE	91-0982879 Page 4
Schedule G (Form 990 or 990-EZ) CHILDREN'S ALLIANCE Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

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

2020
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** CHILDREN'S ALLIANCE 91-0982879 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) WASHINGTON STATE BUDGET AND POLICY CENTER - 1402 3RD AVE, STE 1215 -TO DEVELOP WASHINGTON 72-1612982 501(C)3 SEATTLE, WA 98101 0.N/A N/A KIDS COUNT DATA REPORT 45,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	on required in Part L line	e 2: Part III. columr	(b): and any other ad	ditional information	
PART I, LINE 2:		<u> </u>	. (2), a.i.a. a.i.		
	OFFICIAL VIEW INT	MIL ODANIME	EG ON GONDII	OM OF ACREED	
CHILDREN'S ALLIANCE STAFF MEET I					
UPON WORK. ADDITIONALLY, SUBGRAN	NT AGREEMENT	S REQUIRE	PERIODIC R	EPORTING	
FROM GRANTEES. THIS REPORTING IS	S INCORPORAT	ED INTO R	EPORTS TO T	HE LEAD	
FUNDER AS APPROPRIATE.					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHILDREN'S ALLIANCE

Employer identification number 91-0982879

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY, COMMUNICATION & MOBILIZATION FOR EQUITABLE PUBLIC POLICY

SUPPORT OF KIDS AND FAMILIES.

FORM 990, PART VI, SECTION A, LINE 1:

EXCEPT AS SPECIFICALLY SET FORTH IN ARTICLE III OF THE BYLAWS, MEMBERS

SHALL HAVE NO VOTING RIGHTS UNLESS THE BOARD SPECIFICALLY GRANTS THE

MEMBERS THE RIGHT TO VOTE ON ANY MATTERS SO DETERMINED BY THE BOARD FROM

TIME TO TIME.

THE BOARD OF DIRECTORS BY RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS

IN OFFICE MAY DESIGNATE AND APPOINT ONE OR MORE COMMITTEES, EACH OF WHICH

SHALL CONSIST OF TWO (2) OR MORE DIRECTORS, WHICH COMMITTEES TO THE EXTENT

PROVIDED IN SUCH RESOLUTION, SHALL HAVE AND EXERCISE THE AUTHORITY OF THE

BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 6:

CHILDREN'S ALLIANCE HAS ONE CLASS OF MEMBERS. THE REQUIREMENTS AND MANNER

OF ADMISSION TO MEMBERSHIP SHALL BE AS DETERMINED BY THE BOARD FROM TIME TO

TIME.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE MEMBERS OF THE CHILDREN'S ALLIANCE BOARD AT ITS
ANNUAL MEETING OF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 **Employer identification number** Name of the organization 91-0982879 CHILDREN'S ALLIANCE THE 990 CHECKLIST AND DRAFT 990 ARE REVIEWED BY THE TREASURER AND THE EXECUTIVE DIRECTOR; A COPY OF THE COMPLETED 990 IS SENT TO ALL BOARD FOR REVIEW/COMMENT PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: CHILDREN'S ALLIANCE CONFLICT OF INTEREST POLICY COVERS ALL STAFF AND ALL BOARD MEMBERS. CONFLICTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT, RESPECTIVELY, FOR EACH OF THESE GROUPS. IF A CONFLICT OF INTEREST ARISES, THE PERSON WITH THE CONFLICT IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION. DISCLOSURE STATEMENTS ARE RE-SIGNED ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR EXECUTIVE DIRECTOR AND OTHER MANAGEMENT PERSONNEL IS REVIEWED BY THE FINANCE & OPERATIONS COMMITTEE DURING THE ANNUAL BUDGET DEVELOPMENT CYCLE. AN EXECUTIVE DIRECTOR COMPENSATION REVIEW WAS UNDERTAKEN PRIOR TO INITIATION OF AN EXECUTIVE SEARCH IN 2020. NO OTHER OFFICERS RECEIVE COMPENSATION. NO CHILDREN'S ALLIANCE EMPLOYEES MEET THE IRS

FORM 990, PART VI, SECTION C, LINE 19:

DEFINITION OF KEY EMPLOYEE REGARDING SALARY LEVEL.

GOVERNING DOCUMENT AND POLICIES, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. SUMMARIZED RESULTS OF OPERATIONS ARE PRESENTED IN AN ANNUAL REPORT TO DONORS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization CHILDREN'S ALLIANCE	Employer identification number 91-0982879
PROGRAM SERVICE EXPENSES	296,744.
MANAGEMENT AND GENERAL EXPENSES	6,197.
FUNDRAISING EXPENSES	100.
TOTAL EXPENSES	303,041.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	303,041.
FORM 990 PART XII, LINE 2C:	
THE ORGANIZATION'S PROCESS FOR SELECTING AN INDEPENDENT AU	DITOR AND FOR
OVERSEEING THE FINANCIAL STATEMENT AUDIT DID NOT CHANGE DU	RING THE
YEAR.	