Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

 \blacktriangleright 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.

Α	For the	2019 calend	dar year, or tax year beginning	05/01	, 2019, and end	ing 04/:	30	, 20 20
В	Check if a	applicable:	C Name of organization THATS N	MY CHILD			D Emplo	oyer identification number
	Address of	change	Doing business as					36-4718831
	Name cha	ange	Number and street (or P.O. box in	f mail is not delivered to	street address)	Room/suite	E Teleph	none number
	Initial retu	ırn	3966 ATLANTA HWY BOX 31	0				334-239-7434
$\overline{\Box}$	Final retur	n/terminated	City or town, state or province, c	ountry, and ZIP or foreig	n postal code			
$\overline{\Box}$	Amended	return	MONTGOMERY, AL, 36109				G Gross	receipts \$ 275,984
П		on pending	F Name and address of principal of	ficer: CHARLES LEE		H(a) Is this a gr	oup return fo	
	, 100	por.ag	3966 ATLANTA HWY BOX 31			1		es included? Yes No
$\overline{}$	Tax-exem	npt status:	✓ 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or 527			ee instructions)
		·	natsmychildmgm.org	, (,		H(c) Group e	xemption	number ►
ĸ			Corporation Trust Associa	ation Other ►	L Year of for			of legal domicile: AL
_	art I	Summa		audit outloi /	2 1001 011011	2014	W Otato	or logar dornlone. AL
	_		cribe the organization's miss	sion or most signific	cant activities: OUD	MISSION IS TO	/ENTOR	THE VOLITH
Φ			ARTS, EDUCATION, AND WO					
ũ	-			RK-FORCE DEVELO	PINENT ENDING HO	PELESSINESS AI	ND GEINE	CRATIONAL
Ë	-		WITHIN OUR COMMUNITY	diacontinuad ita a	novotiono or dionoco	d of mara than	0E0/ of	ita nat agasta
ove			box $ ightharpoonup$ if the organization		•		1 1	
Ğ	1		f voting members of the gove				3	6
Ş	1		f independent voting membe		• •	•	4	6
ĬĘ			ber of individuals employed i	-			5	37
Activities & Governance			ber of volunteers (estimate if	• ,			6	38
⋖	1		lated business revenue from		•		7a	0
	b	Net unrelat	ted business taxable income	trom Form 990-1,	line 39		7b	0
						Prior Yea		Current Year
ē	1		ons and grants (Part VIII, line	•			208,101	247,870
Revenue		•	ervice revenue (Part VIII, line	•			13,141	27,951
že			t income (Part VIII, column (A		•		126	163
_			nue (Part VIII, column (A), line		•		0	0
			nue-add lines 8 through 11 (r	· · · · · · · · · · · · · · · · · · ·			221,368	275,984
			d similar amounts paid (Part I				0	0
	1		aid to or for members (Part I)				0	0
es	1		ther compensation, employee	·			104,295	116,586
Expenses			al fundraising fees (Part IX, c				0	0
άx	1		raising expenses (Part IX, col					
Ш	17	Other expe	enses (Part IX, column (A), lin	nes 11a-11d, 11f-2	4e)		80,321	100,446
	18	Total expe	nses. Add lines 13–17 (must	equal Part IX, colu	ımn (A), line 25) .		184,616	217,032
	19	Revenue le	ess expenses. Subtract line 1	18 from line 12 .			36,752	58,952
or						Beginning of Curr	ent Year	End of Year
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)				205,447	300,326
t As	21	Total liabili	ities (Part X, line 26)				67,786	103,713
울	22	Net assets	or fund balances. Subtract I	line 21 from line 20			137,661	196,613
P	art II	Signatu	re Block					
Un	der penalt	ies of perjury	, I declare that I have examined this	return, including accom	panying schedules and st	atements, and to the	e best of n	ny knowledge and belief, it is
tru	e, correct,	and complete	e. Declaration of preparer (other than	officer) is based on all	information of which prepared	arer has any knowle	dge.	
Siç	yn 📗	Signati	ure of officer			Date)	
He	re	Char	les Lee, Executive Director					
			or print name and title					
D^	id	Print/Type	e preparer's name	Preparer's signature		Date	Check	if PTIN
Pa		_					self-emp	
	eparer	Figure 's man				Eigm.	s EIN ▶	
Us	e Only	Firm's add				Phon		
Ma	v the IR	_	this return with the preparer	shown above? (see	e instructions)			Yes No
			-		-,			

Part	·
4	Check if Schedule O contains a response or note to any line in this Part III
1	OUR MISSION IS TO MENTOR THE YOUTH THROUGH ARTS, EDUCATION, AND WORK-FORCE DEVELOPMENT ENDING
	HOPELESSNESS AND GENERATIONAL POVERTY WITHIN OUR COMMUNITY
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?
4	
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 \$ 63,085 including grants of \$ 0) (Revenue \$ 27,951)
	Teen to Work program - A job-readiness program that prepares teens for the workforce while connecting them to local employers.
	Part of their training is through That's My Dog Jr - America's first teen-operated restaurant which provides them with experience
	working in a real restaurant. Approximately 80 youth participated.
415	(Code) \(\sum_{\text{Cappage}}\) \(\sum_{\te
4b	(Code:) (Expenses \$ 6,660 including grants of \$ 0) (Revenue \$ 0) Living Legends Dance Team - A movement art program for young women that encourages self-confidence and provides a
	therapeutic, creative outlet teaching leadership skills necessary for success in our community. Approximately 200 youth
	participated.
4c	(Code: 0) (Expenses \$ 2,358 including grants of \$ 0) (Revenue \$ 0)
	Art Program - The healing power of art improving economically disadvantaged communities. Approximately 38 youth participated.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 66,979 including grants of \$ 0) (Revenue \$ 0)
46	Total program service expenses \(\)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
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? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete 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		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	'	
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		,
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		,
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
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		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

Part	V Checklist of Required Schedules (continued)			
	<u> </u>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
d	to defease any tax-exempt bonds?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
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	~	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14051		Yes	No
la b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		1

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment to	ax ret	urns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year			3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		ıle O .	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or oth					
	a financial account in a foreign country (such as a bank account, securities account, or other finan			4a		1
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	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	-		5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,0					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such		ibutions or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly	for goods			
	and services provided to the payor?		_	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or wh	ich it was			
	required to file Form 8282?			7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit	contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit cor	ntract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		-	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	le a Fo	rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintai	ned by the			
	-p			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor.	on?		9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
40	against amounts due or received from them.)	11b	10110	4.0		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		m 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule	9 O. 				
b	Enter the amount of reserves the organization is required to maintain by the states in which	40h				
^	the organization is licensed to issue qualified health plans	13b 13c				
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?			14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on			14a		-
	Is the organization subject to the section 4960 tax on payments; if No, provide an explanation of the section 4960 tax on payments of more than \$1,000,000 in			מדו		
15	excess parachute payment(s) during the year?			15		_
	If "Yes," see instructions and file Form 4720, Schedule N.			10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stmer	nt income?	16		~
	If "Yes," complete Form 4720, Schedule O.					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ~ Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a ~ 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 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 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ AL 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Charles Lee, (334)239-7434

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

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

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

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee.
					C)					
(A)	(B)	(do n	ot of		ition	e than (ono	(D)	(E)	(F)
Name and title	Average hours	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Robert Reynolds	3.00									
Director, Board Chair		~		~				0	0	0
Amy Campbell	3.00									
Director, Secretary		~		~				0	0	0
Randall Mayes	3.00									
Director, Treasurer		~		~				0	0	0
David Ang	3.00									
Director, Vice Chair		~		~				0	0	0
Kyle Weidman	3.00									
Director		~						0	0	0
Cleveland Gavin	3.00									
Director		~						0	0	0
Summer Williams	3.00									
Director		~						0	0	0
Deanne Allegro	3.00									
Director		~						0	0	0

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Εmį	ploy	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
					((C)					
	(A)	(B)	(do n	ot ob		ition	e than o	ono	(D)	(E)	(F)
	Name and title	Average					is both		Reportable	Reportable	Estimated amount
		hours per week		er and		_	or/trus		compensation from the	compensation from related	of other compensation
		(list any	Indi or d	Inst	Officer	Key employee	High	Former	organization	organizations	from the
		hours for related	vidu	iti	cer	em	nest	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
		organizations	al tr	onal		ploy	com				Totalca organizations
		below dotted line)	Individual trustee or director	Institutional trustee		ee	ipen				
		dotted in ic)	Ф	tee			Highest compensated employee				
							۵				
			-								
			1								
			1								
			-								
			-								
1b	Subtotal							—	0	0	0
c	Total from continuation sheets to Part	VII. Sectio	n A	•				•			
d								•	0	0	0
2	Total number of individuals (including but						above	e) w	_		
_	reportable compensation from the organi							-,	0		
											Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	stee	e, k	кеу е	mpl	loyee, or highes	t compensated	
	employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch	indi	ivid	ual		· · · · · ·		3 🗸
4	For any individual listed on line 1a, is the	sum of re	portal	ole (com	npei	nsatio	n a	nd other compe	nsation from the	
	organization and related organizations	greater th	an \$1	150,	000	? /	f "Ye	s, "	complete Sched	dule J for such	
	individual										4
5	Did any person listed on line 1a receive of										
0	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ıle J 1	or s	such person .		5 /
	on B. Independent Contractors										
1	Complete this table for your five high										
	compensation from the organization. Repo	ort compen	isatioi	1 101	trie	ca	ierida	r ye		within the organ	
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation
None								\vdash	,		
HOHE											
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	limit	ed to	th	ose listed abov	e) who	
	received more than \$100,000 of compens	•	-						0		

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	nse or note to an	y line in this Pa	urt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts s	1a	Federated campaigns 1a	0				
an	b	Membership dues 1b	0				
פַ ב <u>ָ</u>	С	Fundraising events 1c	14,298				
ifts r A	d	Related organizations 1d	0				
tributions, Gifts, Grants Other Similar Amounts	е	Government grants (contributions) 1e	0				
Sir	f	All other contributions, gifts, grants,					
iğ je		and similar amounts not included above 1f	233,572				
를	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a–1f <u>1g</u>	\$ 1,197				
O @	h	Total. Add lines 1a-1f		247,870			
Φ			Business Code			_	_
Program Service Revenue	2a	Teen to Work Restaurant	722211	27,951	27,951	0	0
šer	b		-				
yram Ser Revenue	C		-				
Jra Re	d		-				
Š	e f	All other program service revenue	-	0	0	0	0
<u> С</u>	g	Total. Add lines 2a–2f		27,951	U	U	0
	3	Investment income (including dividend		21,931			
		other similar amounts)		163	163	0	0
	4	Income from investment of tax-exempt b		0	0	0	0
	5	Royalties		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c (0				
	d	Net rental income or (loss)	•				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
Re	C	Gain or (loss) 7c					
e	d	Net gain or (loss)	▶				
Other	8a	Gross income from fundraising					
Ū		events (not including \$ 14,298 of contributions reported on line					
		1c). See Part IV, line 18 8a					
	h	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising even	ents ►				
	9a	Gross income from gaming					
	- Ju	activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activiti	es >				
	10a	Gross sales of inventory, less					
		returns and allowances 10a	ı <u> </u>				
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of invent	ory >				
Sn			Business Code				
ne ne	11a		_				
scellaneo Revenue	b		_				
€ ce	C		-				
Miscellaneous Revenue	d	All other revenue					
_		Total Add lines 11a-11d	🕨	0		-	-
	12	Total revenue. See instructions	🗩	275.984	28.114	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX ~ **(D)** Fundraising (C) Management and Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 108,301 68,861 20,040 19,400 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 8,285 5,268 1,533 1,484 11 Fees for services (nonemployees): Management Legal 10,105 10,105 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 1,165 186 979 13 Office expenses 4,208 1,454 1,754 1,000 14 Information technology 15 Royalties Occupancy 18,489 16 32,025 13,536 17 1,902 403 1,499 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 646 646 20 153 153 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 13,629 12,905 724 23 2,002 2,002 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.) Program Expenses 29,361 29,361 0 0 Events Expense 3,909 0 3,909 0 Dues & Subscriptions 903 0 903 С 0 Office Equipment & Furnishings 438 0 438 0 All other expenses 0 25 **Total functional expenses.** Add lines 1 through 24e 217.032 139,082 51,178 26.772 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) . . .

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	791	1	100
	2	Savings and temporary cash investments	61,525	2	151,751
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	544	4	544
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	_	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
"	7			7	
ets	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use		9	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 169,682			
	b	Less: accumulated depreciation 10b 21,751	142,587	10c	147,931
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	205,447	16	300,326
	17	Accounts payable and accrued expenses	-3,094	17	1,008
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	70,880	23	47.205
	24	Unsecured notes and loans payable to unrelated third parties	70,000	24	67,205 35,500
	25	Other liabilities (including federal income tax, payables to related third			00,000
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	67,786	26	103,713
ces		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.	. ,		
<u>a</u> u	27	Net assets without donor restrictions	137,661	27	196,613
Ва	28	Net assets with donor restrictions	0	28	170,013
pu		Organizations that do not follow FASB ASC 958, check here ▶ □			0
Net Assets or Fund Balances		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	137,661	32	196,613
<u>z</u>	33	Total liabilities and net assets/fund balances	205,447	33	300,326
					Form 990 (2019)

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)	Part	XI Reconciliation of Net Assets				-				
2 217,032 3 Revenue less expenses. Subtract line 2 from line 1 5 Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 0 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements 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 and independent accountant? 1 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 Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compiliation of its financial statements and selection of an independent accountant? 1 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a 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 OM		Check if Schedule O contains a response or note to any line in this Part XI								
Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1			27	5,984			
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2			21	7,032			
5 Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3			5	8,952			
6 Donated services and use of facilities 6 0 0 7 Investment expenses 7 7 0 0 8 Prior period adjustments 8 8 0 0 Other changes in net assets or fund balances (explain on Schedule O) 9 0 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 196,613 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			13	7,661			
7 Investment expenses	5		5				0			
8 Prior period adjustments	6	Donated services and use of facilities	_				0			
9 Other changes in net assets or fund balances (explain on Schedule O)	7	The state of the s					0			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))			_				0			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	r period adjustments			0					
Check if Schedule O contains a response or note to any line in this Part XII	10									
Check if Schedule O contains a response or note to any line in this Part XII		32, column (B))	10			19	6,613			
1 Accounting method used to prepare the Form 990:	Part	·								
1 Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other ☐ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII								
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?		Accounting months of wood to propert the Forms 0000 C Cook. Account				Yes	No			
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	•		مامام							
Were the organization's financial statements compiled or reviewed by an independent accountant?			кріаіі	' '''						
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?	22				22		•/			
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? 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: Separate basis Consolidated basis Both consolidated and separate basis 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. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Za	·			<u>La</u>					
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			ipiied	or						
b Were the organization's financial statements audited by an independent accountant?										
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: Separate basis Consolidated basis Both consolidated and separate basis 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. 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?	b				2b	~				
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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. 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-		ed o			-				
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				"						
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. 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?										
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. 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?	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of						
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					2c	~				
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?		If the organization changed either its oversight process or selection process during the tax year, ex	plain	on						
Single Audit Act and OMB Circular A-133?		Schedule O.								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the						
		Single Audit Act and OMB Circular A-133?		(3a		~			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b	b									
5 000 (20.42)		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. (3b					

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	TS MY CHILD					36-47		
Pa							ns.	
The o	organization is not a private founda		,		•	•		
1	A church, convention of churc	•						
2	A school described in section		,			• •		
3	A hospital or a cooperative ho						···· - · · · ·	
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the	
-	hospital's name, city, and state		- 11					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)			•		ai unit described in	
6	A federal, state, or local gover							
7	An organization that normally described in section 170(b)(1)			port from	ı a gover	nmental unit or from	n the general public	
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full tincome and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its	
11	An organization organized and		•		•	•		
12	☐ An organization organized and	•	•	-			rv out the purposes	
	of one or more publicly support							
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
	the supported organization					he directors or trust	ees of the	
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•			
b	 Type II. A supporting orgal control or management of organization(s). You must 	the supporting o	rganization vested in	the same				
С	Type III functionally integ its supported organization						ally integrated with,	
d	Type III non-functionally in that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	• • • • • • • • • • • • • • • • • • • •	
е	Check this box if the organ functionally integrated, or						e II, Type III	
f	Enter the number of supported of	• •						
g		•	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	1							

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2016 (a) 2015 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 31,962 169,281 221,242 273,846 696,331 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 0 31,962 221,242 273,846 169,281 696,331 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) **Public support.** Subtract line 5 from line 4 696,331 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 0 31,962 169,281 221,242 273,846 696,331 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 126 163 417 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 5,090 1.975 10,705 3,640 **Total support.** Add lines 7 through 10 11 707,453 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) % 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 falls to quality	under the te	sis listed bei	Jw, piease co	implete rait	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C1:	line 6.)						
	on B. Total Support	(-) 004E	(I-) 0010	(-) 0047	(-1) 0040	(-) 0040	(6) T-+-I
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for th	•					` ' ; '
0 1:	organization, check this box and stop her						🕨
	on C. Computation of Public Suppor			10 1 (6)		45	0/
15	Public support percentage for 2019 (line 8		•				%
16 Saati	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment Inc			aviliaa 10. aalu	(f)	47	0/
17	Investment income percentage for 2019 (I			-		17	%
18	Investment income percentage from 2018					18 221 a	% and line
19a	331/3% support tests—2019. If the organi 17 is not more than 331/3%, check this box a						
L	33 ¹ / ₃ % support tests—2018. If the organiz	_	=	-		=	_
b	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	_		=			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
_		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
Ju	(b) and (c) below.	3a		
L.		Ja		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
_		JU		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	J		
,	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
0		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100		30		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).		struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	. 490 1
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2				
3				
4				
5				
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2t 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10 - Ticket sales for fundraising event

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number THATS MY CHILD 36-4718831 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedu	le D (Form 990) 2019				Page 2
Part	Organizations Maintaining Co	llections of Art, His	torical Treasures	s, or Other Similar As	sets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and other reco	rds, check any of th	ne following that make s	ignificant use of its
а	☐ Public exhibition	d	☐ Loan or exchange	ge program	
b	☐ Scholarly research	е			
С	☐ Preservation for future generations				
4	Provide a description of the organization XIII.	's collections and expl	ain how they further	the organization's exen	npt purpose in Par
5	During the year, did the organization sol assets to be sold to raise funds rather that				
Part	IV Escrow and Custodial Arrang				
	Complete if the organization an 990, Part X, line 21.		rm 990, Part IV, lin	e 9, or reported an an	nount on Form
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?				ot Yes No
b	If "Yes," explain the arrangement in Part	III and complete the for	ollowing table:		
				A	mount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount o				
	If "Yes," explain the arrangement in Part >	III. Check here if the e	xplanation has been	provided on Part XIII .	
Par	t V Endowment Funds.				
	Complete if the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.	
	(1	a) Current year (b) Pr	ior year (c) Two yea	ars back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
	Other expenditures for facilities and				
е	programs				
	· -				
f	Administrative expenses				
g	End of year balance		- / //: / -	-\\	
2	Provide the estimated percentage of the	=	ce (line 1g, column (a	a)) neid as:	
а	Board designated or quasi-endowment				
b		%			
С	Term endowment ▶%				
	The percentages on lines 2a, 2b, and 2c s	· ·			
3a	Are there endowment funds not in the poorganization by:	essession of the organ	ization that are held	and administered for th	Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as requ	ired on Schedule R?		3b
4	Describe in Part XIII the intended uses of	·			<u> </u>
Pari					
	Complete if the organization an		rm 990. Part IV lin	e 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
1-	Land	· · · · · · · · · · · · · · · · · · ·	, ,	·	47.55
	Land	17,557			17,557
b	Buildings	69,458		· · ·	65,005 39,988
	LEGSELIUIU IIIIUIUVEIIIEIIIS	//6 ////	1 11	h / l / l	ζu uxx

28,749

7,718

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

d Equipment

24,094

1,287

4,655

6,431

. . ▶

0

Part VII	Investments – Other Securities.		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.		
r are viii	Complete if the organization answered "Yes" on Form 990, Part I	V line 11c See Fo	orm 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . >		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
	line 25.	,	,
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	was the same to same one of the same of th		
	mn (b) must equal Form 990, Part XI, col. (B) line 25.)	ization's financial stat	rements that were site the
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedule D (Form 990) 2019

Page 4

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

ган	• • • • • • • • • • • • • • • • • • •	David IV 1 line 10a			
	Complete if the organization answered "Yes" on Form 990, I			4	
1	Total revenue, gains, and other support per audited financial statements			1	275,984
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	275,984
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	0		
b	Other (Describe in Part XIII.)	4b	0		
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	275,984
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expen	ses per	Return.	•
	Complete if the organization answered "Yes" on Form 990, I		•		
1				1	217,032
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				2177002
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines 2a through 2d	Zu		2e	0
	Subtract line 2e from line 1			3	217.022
3				3	217,032
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
a	Others (December to Dest VIII.)	41.			
b	Other (Describe in Part XIII.)	4b	0	4-	_
b	Add lines 4a and 4b			4c	0
b c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	and 2b;	5 Part V, line	217,032
b c 5 Part	Add lines 4a and 4b	e 18.)	and 2b;	Part V, line	217,032 e 4; Part X, line
b c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	and 2b;	Part V, line	217,032 e 4; Part X, line
b c 5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	and 2b;	Part V, line	217,032 e 4; Part X, line
b c 5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b to provide any addit	and 2b;	Part V, line	217,032 e 4; Part X, line
b c 5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b to provide any addit	and 2b;	Part V, line	217,032 e 4; Part X, line
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b c 5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b to provide any addit	and 2b; ional info	Part V, line	217,032 e 4; Part X, line
b c 5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b to provide any addit	and 2b; ional info	Part V, line	217,032 e 4; Part X, line
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b c 5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1x XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b to provide any addit	and 2b; ional info	Part V, line ormation.	217,032 e 4; Part X, line
b c 5 Part Provid 2; Part	Add lines 4a and 4b	d 4; Part IV, lines 1b to provide any addit	and 2b; ional info	Part V, line ormation.	217,032 e 4; Part X, line
b c 5 Part Provid 2; Part	Add lines 4a and 4b	d 4; Part IV, lines 1b to provide any addit	and 2b; ional info	Part V, line ormation.	217,032 e 4; Part X, line
b c 5 Part Provid 2; Part	Add lines 4a and 4b	d 4; Part IV, lines 1b to provide any addit	and 2b; ional info	Part V, line ormation.	217,032 e 4; Part X, line

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

THATS MY CHILD	36-4718831					
Form 990, Part VI, Section B, Line 11b - The 990 is emailed to the board for review. If any questions, correct	ctions, etc. are needed they let					
the bookkeeper know otherwise it is deemed OK and the Executive Director will file the return.						
Form 990, Part VI, Section B, Line 12c - Discussed regularly at board meetings, asked to leave board if cor	officts arise.					
Form 990, Part VI, Section B, Line 15 - Executive Director was put on payroll in 2017. The board reviewed a	and approved the pay without the					
Executive Director present.	and approved the pay without the					
Form 990, Part VI, Section C, Line 19 - Documents can be requested and will be provided within 3 business	s days					
Form 990, Part IX, Line 24e - Dues & Subscriptions, Office Equipment & Furnishings, Volunteer & Staff Apple	preciation, Events Expense					

Schedule O, Statement 1 THATS MY CHILD

Form: Form 990 (2019)

Page: 2

EIN: 36-4718831

Part III, Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Other programs include - Community Events, Culinary Arts, Poetry, Yoga, Miscellaneous. Other program expenses include these programs and expenses for all programs as a whole.	66,979	0	0
Total:		66,979	0	0