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Form	JJU

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

OMB No. 1545-0047

2018

Inter	rial Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the latest	intormation.		Inspection	
Α	For the	e 2018 caler	ndar year, or tax year beginning 05/01 , 2018, and endi	ng O	4/30	, 20 19	
В	Check if	f applicable:	C Name of organization THATS MY CHILD		D Employ	er identification number	
	Address	s change	Doing business as		36-4718831		
	Name c	hange	E Telepho	ne number			
	Initial re	turn	3966 ATLANTA HWY BOX 310			334-239-7434	
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
			MONTGOMERY, AL, 36109		G Gross re	eceipts \$ 221,368	
	Applicat	tion pending	F Name and address of principal officer: Charles Lee	H(a) Is this a g	roup return for	subordinates? 🗌 Yes 🗹 No	
			3966 Atlanta Hwy Box 310, Montgomery, AL 36109			s included? 🗌 Yes 🗌 No	
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," att	ach a list. (s	ee instructions)	
J	Website		v.thatsmychildmgm.org	H(c) Group	exemption	number 🕨	
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	ation: 2014	M State	of legal domicile: AL	
P	art	Summa					
	1		scribe the organization's mission or most significant activities: OUR				
Activities & Governance		THROUG	HARTS EDUCATION AND ENTREPRENEURSHIP WHILE GIVING THEM A	SAFE PLACE	TO DEVE	LOP THEIR	
nar			AND SKILLS NEEDED TO BECOME TOMORROWS PRODUCTIVE CITIZE				
ver	2		s box \blacktriangleright \Box if the organization discontinued its operations or disposed	of more that	1 1	its net assets.	
ő	3					10	
کە م	4		f independent voting members of the governing body (Part VI, line 1b			0	
itie	5		ber of individuals employed in calendar year 2018 (Part V, line 2a)			4	
Ę	6		ber of volunteers (estimate if necessary)		6	38	
Ă	7a		elated business revenue from Part VIII, column (C), line 12		7a	0	
	b	Net unrela	ated business taxable income from Form 990-T, line 38		7b	0	
	_			Prior Y		Current Year	
e	8		ons and grants (Part VIII, line 1h)		169,281	208,101	
le ni	9	•	service revenue (Part VIII, line 2g)		0	13,141	
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		112	126	
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		160	0	
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		169,553	221,368	
	13		d similar amounts paid (Part IX, column (A), lines 1–3)		0	0	
	14	•	baid to or for members (Part IX, column (A), line 4)		0	0	
Expenses	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)		51,668	104,295	
ēn	16a		hal fundraising fees (Part IX, column (A), line 11e)		0	0	
ЦЩ	b		Iraising expenses (Part IX, column (D), line 25) ► 23,457				
_	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		39,555	80,321	
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		91,223	184,616	
	19	Revenue	ess expenses. Subtract line 18 from line 12	Beginning of C	78,330	36,752 End of Year	
Net Assets or Fund Balances	00	Total acco	sta (Dart V. lina 16)				
Asse Bala	20		ets (Part X, line 16)		175,318	205,447	
Vet /	21		lities (Part X, line 26)		74,409	67,786	
2ŭ	22	ivet asset	s or fund balances. Subtract line 21 from line 20		100,909	137,661	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Charles Lee, Executive Director Type or print name and title			Date		
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN
Use Only	Firm's name	Firm's EIN ►				
	Firm's address 🕨	Phone no.				
May the IRS	discuss this return with the preparer	shown above? (see instructions) .				. 🗌 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separa	ate instructions.	Cat. No. 11282Y			Form 990 (2018)

Form 99	0 (2018) Pag	ə 2
Part		_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO MENTOR THE YOUTH THROUGH ARTS EDUCATION AND ENTREPRENEURSHIP WHILE GIVING THEM	
	A SAFE PLACE TO DEVELOP THEIR TALENTS AND SKILLS NEEDED TO BECOME TOMORROWS PRODUCTIVE CITIZENS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	D
	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?	D
	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	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.	rs,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$17,715 including grants of \$0) (Revenue \$13,757)	—
	That's My Dog Jr America's first teen-operated restaurant that provides job opportunities to teens in our community! First they	
	complete our Teen to Work program - A job-readiness program that prepares teens for the workforce while connecting them to	
	local employers.	
4b	(Code:) (Expenses \$1,467 including grants of \$0) (Revenue \$0)	—
	Gents II Gentleman program partners with Montgomery Public Schools to mentor young men, ages 15 to 18, identified as two	
	grade levels behind in school and at home. Taught life skills such as conflict resolution, anger management, goal setting, and	
	entrepreneurship during 9-week program.	
4c	(Code:) (Expenses \$1,236 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.	
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 1	
	(Expenses \$ 22,389 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► 42,807	_
	F 000 (00	10

Form 99	0 (2018)		I	Page 3
Part	V 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? <i>If "Yes," complete Schedule C, Part I</i>	3		r
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		r
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," 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, 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	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i> .	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		r
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20 a	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		<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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	0 (2018)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i> .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disgualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 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? <i>If "Yes," complete Schedule L, Part I</i> .	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
00	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," 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? If "Yes," complete Schedule R, Part V, line 2.	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 b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1121837Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10		Yes	No

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 99	D (2018)		F	Page 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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 account)?	4a		~
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?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
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 for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	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 in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Page 5

					Page 6
Part V	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in Schedule O. S	ee ins		
	Check if Schedule O contains a response or note to any line in this Part VI				~
Sectio	n A. Governing Body and Management				
l i	Enter the number of voting members of the governing body at the end of the tax year f there are material differences in voting rights among members of the governing body, or f the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 10		Yes	No
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 0			
	Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?	elationship with	2		~
5	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or othe Did the organization make any significant changes to its governing documents since the prior Form 99	er person? .	3 4		ン ン
	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		~
	Did the organization have members or stockholders?		6		~
c	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		~
5	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		r
	Did the organization contemporaneously document the meetings held or written actions un he year by the following:	dertaken during			
	The governing body?		8a	~	
	Each committee with authority to act on behalf of the governing body?		8b	~	
t	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot he organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>)	9		~
Sectio	n B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue Co		
10-	Did the experimetion have level charters branches, or effiliates?		10-	Yes	No V
	Did the organization have local chapters, branches, or affiliates?	· · · · ·	10a		~
á	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
	las the organization provided a complete copy of this Form 990 to all members of its governing body before a second but the constraint is a second but the	ore filing the form?	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	~	
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise to conflicts?	12b	~	
c [Did the organization regularly and consistently monitor and enforce compliance with the place ribe in Schedule O how this was done	oolicy? If "Yes,"	12c	~	
	Did the organization have a written whistleblower policy?		13	~	
	Did the organization have a written document retention and destruction policy?		14		~
15 [Did the process for determining compensation of the following persons include a review a ndependent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by			
	The organization's CEO, Executive Director, or top management official		15a	~	
	Other officers or key employees of the organization		15b		~
16a [Did the organization invest in, contribute assets to, or participate in a joint venture or simi vith a taxable entity during the year?		16a		~
b I	f "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps t	n to evaluate its			
	organization's exempt status with respect to such arrangements?		16b		
	n C. Disclosure				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable 3)s only) available for public inspection. Indicate how you made these available. Check all tha Own website Another's website V Dpon request Other (explain in Sci	it apply.	(Sec	tion 5	501(c)
	Describe in Schedule O whether (and if so, how) the organization made its governing docume inancial statements available to the public during the tax year.	nts, conflict of inte	erest	policy	, and
	State the name, address, and telephone number of the person who possesses the organization Charles Lee, (334)239-7434	on's books and red	cords	▶	

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)									
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)	
Name and Title	Average	box, unless person is both an					n an	Reportable	Reportable	Estimated	
	hours per week (list any					or/trust		compensation from	compensation from related	amount of other	
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation	
	organizations	rect	tutio	Ĕ,	emp	est c loye	ler	(W-2/1099-MISC)	(00-2/1099-0015C)	from the organization	
	below dotted line)	or utru	nal t		loye	°mp				and related organizations	
	inte)	stee	ruste		e	bens				organizations	
			ee ee			ated					
Robert Reynolds	3.00										
Director, Board Chair	0.00	~		~				0	0	(0
Amy Campbell	3.00										
Director, Secretary	0.00	~		~				0	0	(0
Randall Mayes	3.00										_
Director, Treasurer	0.00	~		~				0	0	(0
David Ang	3.00	~		~							_
Director, Vice Chair	0.00	•		~				0	0	l	0
											-
											_
											_
		r.									
											_
											_
											-
											_

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees	(contin	nued)		
					(0	C)								
	(A)	(B)	(do n	ot ch		ition	e than c	200	(D)	(E)			(F)	
	Name and title	Average	•				is both		Reportable	Reportat			mated	
		hours per officer and a directo					or/trust	<u>, </u>	compensation from	compensatio related			ount of ther	
		hours for	Individual trustee or director	Inst	Officer	Key	High	Form	the	organizati	ons		ensatio	n
		related organizations	lirec	ituti	cer	em	bloy	mer	organization (W-2/1099-MISC)	(W-2/1099-I	VISC)		m the nization	
		below dotted	tor al	ona		Key employee	e on		(00-2/1099-10130)			•	related	I
		line)	uste	Institutional trustee		/ee	nper					orgar	nization	S
			l Å	stee			Highest compensated employee							
							ď							
	Cult total													
1b	Sub-total		 	•	·	• •	•••		0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•	• •		0		0			
2	Total number of individuals (including but								-	ore than \$1	•	0 of		0
2	reportable compensation from the organi		1 10 11	1036	; 1131	leu	above	<i>=)</i> vv		σιο πιαπ φι	00,00	0 01		
									0				Yes	No
3	Did the organization list any former of	ficer direc	tor c	or tr	uste	مم	kev e	mr	olovee or high	est compe	ensate	bd		-
Ŭ	employee on line 1a? If "Yes," complete											3		~
4	For any individual listed on line 1a, is the							n a	and other comp	ensation f	rom th			
-	organization and related organizations	areater that	an \$1	150.	000)? [f "Yes	s."	complete Sch	edule J fo	or suc	h		
	individual											4		~
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	/ un	related organiz	ation or in	dividu	al		
	for services rendered to the organization											5		~
Sectio	n B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contra	act	ors that receive	d more that	an \$10	0,000 of		
	compensation from the organization. Rep													ax
	year.													
	(A) Name and business add	lrocc							(B) Description of s	onvicos		(C)	ation	
		11055								ei vices		Compens	auon	
None														

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization ► 0	

Form 990 (2018)
Part VIII Statement of Revenue

Fall		Check if Schedule O		a resn	onse or note t	any line in this	Part VIII		
			oontaino a			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, Grants Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	[1a 1b 1c	0 0 0				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (cont All other contributions, gi and similar amounts not incl	tributions) fts, grants,	1d 1e	0				
ontrib nd Oth	g	Noncash contributions include	ed in lines 1a-		208,101	200.404			
	h	Total. Add lines 1a-1f		<u> </u>	Business Code	208,101			
Program Service Revenue	2a b c	Teens to work restaura			722211	13,141	13,141	0	0
Serv	d								
Program	e f g	All other program serv Total. Add lines 2a-21			· · · •	0	0	0	0
	3	Investment income (including (divider	nds, interest,	15,141			
	4	and other similar amo Income from investment	-			126 0	126 0	0	0
	5	Royalties	(i) Real		► (ii) Personal	0	0	0	0
	6a	Gross rents							
	b c	Less: rental expenses Rental income or (loss)		0	0				
	d	Net rental income or (033)	loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securitie		(ii) Other				
	b	Less: cost or other basis and sales expenses .							
	c d	Gain or (loss) Net gain or (loss) .		0	0				
Other Revenue	8a	Gross income from fu events (not including \$		0					
her Re		of contributions reporte See Part IV, line 18 .		a					
đ	b	Less: direct expenses Net income or (loss) fr							
	с 9а	Gross income from ga		ies.	vents . ►				
	b c 10a	Less: direct expenses Net income or (loss) fr Gross sales of in- returns and allowance	rom gaming ventory, le	g activi ess	ities 🕨				
	b	Less: cost of goods se	old	b					
	c	Net income or (loss) fr		of inver					
	44	Miscellaneous Re	evenue		Business Code				
	11a b			-					
	D D			-					
	d	All other revenue							
	e	Total. Add lines 11a-			🕨	0			
	12	Total revenue. See in	structions		🕨	221,368	13,267	0	0

Sectio	n 501(c)(3) and 501(c)(4) organizations must com		-		
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,883	11,557	64,526	20,800
9	Other employee benefits				
10	Payroll taxes	7,412	885	4,936	1,591
11	Fees for services (non-employees):				· ·
а	Management				
b	Legal				
С	Accounting	6,734		6,734	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,333		267	1,066
13	Office expenses	3,841	253	3,588	,
14	Information technology	415	12	403	
15	Royalties				
16	Occupancy	20,080	377	19,703	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	337		337	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,945		5,945	
23		1,671		1,671	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Auto expenses	1,823	0	1,823	0
b	Dues & subsriptions	1,463	0	1,463	0
с	Office Equipment & Furnishings	6,857	219	6,638	C
d	Program Expenses	29,504	29,504	0	0
е	All other expenses	318		318	
25	Total functional expenses. Add lines 1 through 24e	184,616	42,807	118,352	23,457
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)				

Form 990 (2018)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	rt X	•	. 🗌
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	0	1	791
2	Savings and temporary cash investments	74,715	2	61,525
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	544	4	544
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		<u> </u>	
ts	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	Notes and loans receivable, net		7	
8 ¥	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a150,709			
b	Less: accumulated depreciation 10b 8,122	100,059	10c	142,587
11	Investments-publicly traded securities		11	
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	175,318	16	205,447
17	Accounts payable and accrued expenses	0	17	-3,094
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	
22 Liabilities	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
20	Secured mortgages and notes payable to unrelated third parties	74,409	23	70,880
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	74,409	26	67,786
Fund Balances 82 63 64 64 65	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>u</u> 27	Unrestricted net assets	56,868	27	109,638
82 28	Temporarily restricted net assets	44,041	28	28,023
겉 29	Permanently restricted net assets	0	29	0
or Fu	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
र्थ 30	Capital stock or trust principal, or current funds		30	
ต ี้ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets 30 31 32 33	Total net assets or fund balances	100,909	33	137,661
34	Total liabilities and net assets/fund balances	175,318	34	205,447

Form **990** (2018)

Form 99	90 (2018)			Pa	ige 12
Part	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		22	1,368
2	Total expenses (must equal Part IX, column (A), line 25)	2		18	4,616
3	Revenue less expenses. Subtract line 2 from line 1	3		3	6,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10	0,909
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>33, column (B))</u>	10		13	7,661
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain	in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	biled	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		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a		
	separate basis, consolidated basis, or both:				
	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 ow	versig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	? 2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?.	forth 	in . 3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ne 3b		

Form 990 (2018)

SCH	EDU	LE	Α	
(Form	990	or 9	90-EZ	۱

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

36-4718831

THATS	MY	CHILD	

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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 the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Part	II Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						any under
Secti	on A. Public Support	yquality unde				ite i art iii.j	
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(4) 2011	(6) 2010	(0) 2010	(4) 2011	(0) 2010	
	membership fees received. (Do not include any "unusual grants.")			31,962	169,281	221,242	422,485
2	Tax revenues levied for the organization'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	0	0	31,962	169,281	221,242	422,485
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)						
6	Public support. Subtract line 5 from line 4						422,485
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	0	0	31,962	169,281	221,242	422,485
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			16	112	126	254
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	3,640		8,730
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	. (see instruction	ons)			12	431,469
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						🕨 🗹
Secti	on C. Computation of Public Suppor	rt Percentage	e				
14	Public support percentage for 2018 (line 6		•			14	%
15	Public support percentage from 2017 Sch					15	%
16a	331/3% support test-2018. If the organi					,	
b	box and stop here. The organization qua 33 ¹ / ₃ % support test - 2017. If the organi this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33¹/₃% or m	ore, check
47-							
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization resupported organization	ation meets the	e "facts-and-c	ircumstances" stances" test.	' test, check t The organizati	this box and s on qualifies as	a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chec	k 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 fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "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						
5	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						
74	received from disqualified persons .						
b							
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						
Saati	line 6.)						
		(a) 2014	(b) 0015	(a) 0016	(4) 0017	(a) 0010	(f) Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	-						
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						
40	(Explain in Part VI.)	ļ					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	·					
14	First five years. If the Form 990 is for the	-			· ·		
<u></u>	organization, check this box and stop he						🕨
	on C. Computation of Public Suppor	•		10 1 (0)			0/
15	Public support percentage for 2018 (line 8			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	%
<u>16</u>	Public support percentage from 2017 Sch					16	%
-	on D. Computation of Investment In		-	aulina 10	(f))	47	0/
17	Investment income percentage for 2018 (-		17	%
18	Investment income percentage from 2017					18	%
19a	$33^{1}/_{3}\%$ support tests – 2018. If the organ 17 is not more than $33^{1}/_{3}\%$, check this box						
		-	-	-		-	
b	331 /3% support tests -2017. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this	_	-	-			
20	Private foundation. If the organization di	a not check a	box on line 14	, 19a, or 19b, o	Check this box	and see ins	tructions 🕨 🔄

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

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (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).
- **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 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

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section C. Type II Supporting Organizations

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).

Section 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.

Section 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).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a 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 (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.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** 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? *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.*

Schedule A (Form 990 or 990-EZ) 2018

Yes No

1

3

2a

2b

3a

3b

Yes No

....

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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-functionally integrated Type III supporting organization (see instructions).

Part	 A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) 	3) Supporting Organi	zations (continued)	Page
	on D-Distributions	/		Current Year
- 1	Amounto paid to supported organizations to appemblish	avampt purpaga		
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	ortea	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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

Schedule A, Part II, Line 10 - Fundraising income from special events ------

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

OMB No. 1545-0047
2018
Open to Public Inspection

	ent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest inform	nation. Open to Public
	f the organization			Employer identification number
	S MY CHILD			36-4718831
Par	Organi	izations Maintaining Donor Adv	rised Funds or Other Similar Fun	ds or Accounts.
	Comple	ete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number	at end of year		
2		ue of contributions to (during year)		
3		ue of grants from (during year) .		
4		ue at end of year		
5	•		advisors in writing that the assets h	
_		•	e organization's exclusive legal contro	
6			and donor advisors in writing that gran	
	-	a martine the last states to a second state	fit of the donor or donor advisor, or fo	
Dout				· · · · · · · L Yes L No
Part		rvation Easements.	"Voo" on Form 000 Dart IV line 7	
1		conservation easements held by the	"Yes" on Form 990, Part IV, line 7.	
I	1 ()		tion or education) Preservation of	a historically important land area
		of natural habitat	·	a certified historic structure
		on of open space		a certified historic structure
2			eld a qualified conservation contributio	on in the form of a conservation
		the last day of the tax year.		Held at the End of the Tax Year
а				2 a
b			S	
С	-	-	nistoric structure included in (a) .	
d			(c) acquired after 7/25/06, and not	
	historic structu	ure listed in the National Register .		· · 2d
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
4		tes where property subject to conse		
5			garding the periodic monitoring, ins	
			sements it holds?	
6	Staff and volunt	teer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year
_	►			
7	►\$			conservation easements during the year
8			2(d) above satisfy the requirements of	
9		•	conservation easements in its revenue	•
			of the footnote to the organization's fin	ancial statements that describes the
David	_	accounting for conservation easeme		
Part		-	s of Art, Historical Treasures, or "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
1a				revenue statement and balance sheet
Ia	works of art,	historical treasures, or other similar	assets held for public exhibition, ed	lucation, or research in furtherance of
	-		ootnote to its financial statements that	
b	works of art, public service,	historical treasures, or other similar , provide the following amounts relat	assets held for public exhibition, ed ing to these items:	revenue statement and balance sheet lucation, or research in furtherance of
	(i) Revenue in	cluded on Form 990, Part VIII, line 1		► \$
	(ii) Assets incl	uded in Form 990, Part X		► \$
2	If the organization following amo	ation received or held works of art, unts required to be reported under S	, historical treasures, or other similar FAS 116 (ASC 958) relating to these it	assets for financial gain, provide the ems:
а	Revenue inclu	ded on Form 990, Part VIII, line 1 .		► \$
b				

Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other norm 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 include on Form 990, Part X? Image: Complete if the organization and gent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d f Ending balance 1f d Distributions during the year 1f e Distributions during the year 1f f Ending balance 1f d Distributions during the year 1f e Distributions during the year 1f d Beginning of year balance 1g 10 f Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 10 f Administrative expenses 1g 1g d Grants or scholarships 1g 1g 1g d Gran	Schedu	le D (Form 990) 2018							Page 2
collection items (check all that apply): a <pre> Check and the comparison of the argenization's collections and explain how they further the organization's exempt purpose in P XIII. c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P XIII. c 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? Yes N Part VI Excrement of Custocial 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. ls the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. l I'Yes: explain the arrangement in Part XIII and complete the following table: c Id c Additions during the year d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 1 2a Did the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. la Beginning of year balance (a) Current year (b) Prioryear (c) Two years back (c) Three years back (c) Fouryears back (c) Fouryears back (c) Three years back (c) Fouryears back (c) Thre</pre>	Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Freasures	, or Ot	her Similar A	ssets (continued)
b Scholarly research e Other c Preventation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P XII. 5 During the year, did the organization solidit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection?	3			ther reco	rds, chec	ck any of th	e follov	ving that are a	significant use of its
b Scholarly research e Other 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 P XII. 5 During the year, did the organization solid 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?	а	Public exhibition		d	🗌 Loan	or exchang	je prog	rams	
c Provide a description of thure generations A Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sole to raise funds rather than to be maintained as part of the organization's collection? Part IV 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. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Part IV b If "Yes," explain the arrangement in Part XIII and complete the following table: Imount C Beginning balance 1 1 Endowment Funds. Imount Imount 2a Did the organization and amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2a Did the organization include an amount on Form 990, Part IV, line 10. Imount Imount 2a Did were ablance Imount Imount Imount 2a Order the usplanization answered "Yes" on Form 990, Part IV, line 10. Imount Imount 2b Order the usplanization answered "Yes" on Form 990, Part IV, line 10. Imount Imount 3a Beginning of year balance <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	b								
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included on Form 990, Part X? □ Yes □ N b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance . 10 d Additions during the year 16 e Distributions during the year 16 f Ending balance . 17 2a Did the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves □ N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Other expenditures for facilities and programs of Grants or scholarships 1 1 e Other expenditures for facilities and programs 1 g End of year balance % 1 1 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1 1 Board designated or quasi-endowment > % 1 1 3 Permanent endowment } % 1 3 3 3 3			answered "Yes	s" on For	m 990, I	Part IV, line	e 9, or	reported an a	mount on Form
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e Distributions during the year It f Ending balance It 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (e) Four years back (e) Four years back c Other expenditures for facilities and programs (b) Prior year (c) Two years back (e) Four years back (e) Four years back f Addministrative expenditures for four	d						10	1	
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (e) Four years back c Other expenditures for facilities and programs (c) Intree state of the current year end balance (line 1g, column (a)) held as: (c) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > % % f Are there endowment thunds not in the possession of the organization that are held and administered for the organizations 3a(i) ii) Inteleted organizations 3a(i) 3a(i) iii) Inteleted organizations 3a(i) 3a(i)	е						16		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses c Other expenditures for facilities and programs g End of year balance	f						1f		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Four years (f) Four years (f) Four years (f) Four years (f) Foury years (f) Foury years <t< th=""><td>2a</td><td></td><td></td><td></td><td></td><td></td><td>ustodia</td><td>l account liabilit</td><td>y? 🗌 Yes 🗌 No</td></t<>	2a						ustodia	l account liabilit	y? 🗌 Yes 🗌 No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions	b	If "Yes," explain the arrangement in Pa	art XIII. Check he	re if the ex	kplanatio	n has been	provide	ed on Part XIII .	🛛
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions	Par	t V Endowment Funds.							
1a Beginning of year balance		Complete if the organization	answered "Yes	<u>s" on For</u>	m 990, F	Part IV, line	e 10.		
b Contributions			(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bad	ck (e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance							
losses	b	Contributions							
e Other expenditures for facilities and programs	С								
programs	d	Grants or scholarships							
g End of year balance	е								
g End of year balance	f	Administrative expenses							
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 ▶% c Temporarily restricted endowment ▶% main Main a 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? d 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 basis (other) (cher) (d) Book value 1a Land 17,558 0 17,558 b Buildings 69,458 41,169 4,263 106,3	g	-							
b Permanent endowment ▶ % c Temporarily restricted 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 (ii) related organizations (iii) related organizations (iiii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (iii) Cost or other basis (o) Cost or other basis (o) Accumulated depreciation (iii) Book value (investment) (other) (other) (other) (iii) Book value (iii) Book va	-	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1g	, column (a)) held	as:	
b Permanent endowment ▶ % c Temporarily restricted 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: Yes N (i) unrelated organizations . Yes N (ii) related organizations . 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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) (c) Accumulated depreciation 1a Land 17,558 0 17,5 b Buildings 17,558 17,5 17,5 b Buildings 69,458 41,169 4,263 106,3	а	Board designated or quasi-endowmer	nt 🕨	%					
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	b								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes N (i) unrelated organizations Yes N (ii) related organizations Yes N b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes N 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes N Part VI Land, Buildings, and Equipment. Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 17,558 0 17,5 b Buildings 17,558 17,5 b Buildings 69,458 41,169 4,263 106,3	с	Temporarily restricted endowment ►	%						
organization by: Yes N (i) unrelated organizations 34(i)		The percentages on lines 2a, 2b, and	2c should equal 1	100%.					
(i) unrelated organizations iii) in the intervent of the organizations is the event of the organization is the organization. 3a(i) 3a(ii) 3b 3b	3a	Are there endowment funds not in the	e possession of t	he organi	zation that	at are held	and ad	ministered for t	he
(ii) related organizations		organization by:							Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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) Land		(i) unrelated organizations							3a(i)
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 1a Land 17,558 0 17,5 69,458 11,69		(ii) related organizations							3a(ii)
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 1a Land 17,558 0 17,5 69,458 11,69 4,263 106,3	b								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) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 17,558 0 17,5 b Buildings 69,458 41,169 4,263 106,3				on's endo	wment f	unds.			
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land17,558017,5b Buildings69,45841,1694,263106,3	Part								
Image:		· · · ·	answered "Yes	s" on For	m 990, I	Part IV, line	e 11a.	See Form 990	, Part X, line 10.
b Buildings		Description of property	• • •				• • •		(d) Book value
	1a	Land		17,558		0			17,558
	b	Buildings		69, <mark>458</mark>		41 <u>,</u> 169		4,263	106,364
	с	Leasehold improvements		0				0	0
d Equipment 0 0 0	d	-		0		0		0	0
e Other	е	Other	•	22,524		0		3,859	18,665
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 142,5	Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part 2	K, columr	n (B), line 10)c.) .		142,587

	Complete if the organization answered "Yes" on Form 990, Part			
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: id-of-year market value
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)		-		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (k) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments-Program Related.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation:
			Cost or er	id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (k) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		. ►	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f	. See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (0.a/uma () must equal Form 000 Part X, col. (R) line 25)			

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

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2018				Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part l'	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
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			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	-		-	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line</i>			5	
Part				-	
Fail	Complete if the organization answered "Yes" on Form 990,			netum	•
				4	
1	Total expenses and losses per audited financial statements	• •		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		I		
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments			-	
c	Other losses			-	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	
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	-		-	
b	Other (Describe in Part XIII.)				
_c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ne 18.)		5	
Part					
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		-		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	bvide any additional in	formation.	

SCHE	DUL	ЕC)	
(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.

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



Name of the organization	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, corrections, etc are needed let the						
bookkeeper know otherwise 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	conflicts arise.					
Form 990, Part VI, Section B, Line 15 - Executive Director was put on payroll in 2017. The board review	ed and approved the pay without the					
Executive Director present.						
Form 990, Part VI, Section C, Line 19 - Documents can be requested and will be provided within 3 busi	ness davs					
	······					

Cat. No. 51056K

Schedule	O, Statement 1		THAT	S MY CHILD
Form: For	rm 990 (2018)		EIN	36-4718831
Page: 2			Pa	rt III, Line 4d
	Other Program Services Accomplishments			
Activity Code	Description	Expense	Grants	Revenue
	Art, Barber Shop Book Club, Community Events, Culinary Arts, Drum Buckets, Poetry, Yoga, Miscellaneous	22,389	0	0
Total:		22,389	0	0