## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and e	ending J	JN 30, 2021								
	Check if applicab	e: C Name of organization		D Employer identific	cation number							
	Addre	SS CHILDHELP INC.										
	Name			95-2884608								
	Initial		Room/suite	E Telephone number								
	Final return	6730 NORTH SCOTTSDALE ROAD	L50	480-922-8212								
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	49,625,568.							
	Amen			H(a) Is this a group re								
	Applie tion	<b>F</b> Name and address of principal officer, small of minut		for subordinates	? Yes X No							
	pending     SAME AS C ABOVE       H(b) Are all subordinates included?											
		empt status: 🗴 501(c)(3) 🚺 501(c) ( ) ◀ (insert no.) 🚺 4947(a)(1) c	or 527	If "No," attach a	list. See instructions							
		te: WWW.CHILDHELP.ORG		H(c) Group exemption								
		rorganization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1960 N	State of legal domicile: CA							
Pa	art I	Summary										
ė	1	Briefly describe the organization's mission or most significant activities: SEE SCE	REDULE O									
anc				When 050/ of the methods	-1-							
Governance	2	Check this box <b>b</b> if the organization discontinued its operations or dispos		I I	12 ets.							
ğ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			9							
ళ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			807							
ties	6	Total number of volunteers (estimate if necessary)			1000							
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.							
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
				Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		11,590,037.	12,800,735.							
nue	9	Program service revenue (Part VIII, line 2g)		36,004,950.	34,816,961.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		335.	-98,374.							
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		847,518.	664,471.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		48,442,840.	48,183,793.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,745.	1,160.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $ .		31,905,078.	33,604,671.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	1,190,168.							
ad X	b	Total fundraising expenses (Part IX, column (D), line 25)										
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,897,150.	13,356,420.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,807,973.	48,152,419.							
		Revenue less expenses. Subtract line 18 from line 12	······	2,634,867.	31,374.							
Net Assets or				ginning of Current Year	End of Year							
SSE	20	Total assets (Part X, line 16)		26,378,761. 19,146,529.	27,663,489. 19,409,674.							
let A	21	Total liabilities (Part X, line 26)		7,232,232.	8,253,815.							
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		1,232,232.	0,200,010.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, 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	Signature of officer			Date
Here	SARA O'MEARA, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MELISSA HANGSLEBEN	MELISSA HANGSLEBEN	self-employed P02087031	
Preparer	Firm's name 🕒 CLIFTONLARSONALLEN LLP			Firm's EIN 🕨 41-0746749
Use Only	Firm's address 🖕 20 EAST THOMAS ROAD, SUI	TE 2300		
	PHOENIX, AZ 85012	Phone no. (602) 266-2248		
May the I	RS discuss this return with the preparer shown abov	ve? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2020)

Form	990 (2020) CHILDHELP INC.	95-2884608	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	CHILDHELP EXISTS TO MEET THE PHYSICAL, EMOTIONAL, EDUCATIONAL AND		
	SPIRITUAL NEEDS OF ABUSED, NEGLECTED AND AT-RISK CHILDREN. WE FOCUS		
	OUR EFFORTS ON ADVOCACY, INTERVENTION, TREATMENT, PREVENTION, FAMILY		
	RESILIENCE AND COMMUNITY OUTREACH.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L_	Yes X No
~	If "Yes," describe these new services on Schedule O.	_	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by exp	20200
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total expen	363, and
4a	(Code: ) (Expenses \$ 25,715,142. including grants of \$ 1,160. ) (Revenue :	\$ 2	6,634,369.)
	RESIDENTIAL - THE CHILDHELP MERV GRIFFIN VILLAGE IN BEAUMONT,	<u> </u>	<u> </u>
	CALIFORNIA, AND THE CHILDHELP ALICE C. TYLER VILLAGE IN LIGNUM,		
	VIRGINIA ARE CHILDHELP'S LONG-TERM RESIDENTIAL TREATMENT FACILITIES.		
	THESE FACILITIES HOUSE CHILD VICTIMS OF SEVERE NEGLECT AND ABUSE WHO		
	REQUIRE SPECIAL ATTENTION WITH REGARD TO BEHAVIORAL AND EMOTIONAL		
	WELL-BEING. COMBINED, THE TWO VILLAGES HOUSED AN ESTIMATED 255		
	CHILDREN. THESE VILLAGES ARE LOCATED IN RURAL SETTINGS ALLOWING THE		
	PROGRAM TO UTILIZE TREATMENT SUCH AS ANIMAL ASSISTED THERAPY, ART		
	THERAPY AND ORGANIZED WILDERNESS ACTIVITIES. OTHER CHILDHELP		
	RESIDENTIAL FACILITIES INCLUDE GROUP HOMES IN CALIFORNIA.		
4b			3,733,983.)
	PUBLIC AWARENESS/EDUCATIONAL - THE CHILDHELP NON-PUBLIC SCHOOLS (NPS)		
	OF MERV GRIFFIN VILLAGE IN BEAUMONT, CALIFORNIA AND THE ALICE C. TYLER VILLAGE IN LIGNUM, VIRGINIA CATER TO CHILDREN WHO REQUIRE A THERAPEUTIC		
	ENVIRONMENT AS A COMPONENT OF THEIR ELEMENTARY OR SECONDARY EDUCATION.		
	THE NON-PUBLIC SCHOOLS SERVE STUDENTS WITH EXTREME EMOTIONAL		
	DISTURBANCES THAT CANNOT BE ACCOMMODATED IN A PUBLIC SCHOOL. THE		
	NON-PUBLIC SCHOOLS PROVIDE HIGH QUALITY SUPERVISION, STRUCTURE AND		
	INDIVIDUAL PROGRAMMING DESIGNED TO TRANSITION THE CHILD TO A FUNCTIONAL		
	LEVEL IN SOCIETY.		
4c	(Code:) (Expenses \$4, 126, 471. including grants of \$0. ) (Revenue 5	\$	3,011,992.)
	FOSTER CARE - CHILDHELP HAS FOSTER FAMILY AND ADOPTION AGENCIES IN		
	CALIFORNIA AND TENNESSEE AND GROUP HOMES IN CALIFORNIA. THESE AGENCIES		
	PROVIDE FOSTER FAMILY AND ADOPTION SERVICES FOR CHILDREN AND YOUTH WHO		
	ARE WITHIN THEIR STATE'S CHILD WELFARE SYSTEM. CHILDHELP OPERATES		
	FOSTER FAMILY AND ADOPTION AGENCIES AND GROUP HOMES DESIGNED TO PROVIDE		
	STABILIZATION, TO PROMOTE EMOTIONAL AND MENTAL HEALTH AND TO EQUIP FOR		
	SUCCESSFUL EDUCATION AND LIFE SKILLS. IN THE FISCAL YEAR ENDED IN 2021,		
	CHILDHELP'S THREE FOSTER FAMILY AND ADOPTION AGENCIES PROVIDED SERVICES		
	TO MORE THAN 275 CHILDREN.		
4d	Other program services (Describe on Schedule O.)	1 436 617	
	(Expenses \$ 4,869,819. including grants of \$ 0.) (Revenue \$	1,430,01/.)	
<del>4</del> e	Total program service expenses ►     39,917,939.	,	orm <b>990</b> (2020)
000		ŀ	-orm <b>330</b> (2020)
03200	<sup>2</sup> 12-23-20 <b>3</b>		
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	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV	3		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V		21	
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,	44.	x	
<b>L</b>	Part VI	<u>11a</u>	А	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	44		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	444		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX		21	x
	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	4.44	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	<u> </u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
<b>L</b>	Schedule D, Parts XI and XII	<u>12a</u>		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 25	x
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		<u>^</u>
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			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	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	4-		x
40	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>^</u>
16		1.0		
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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Par	t IV 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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes." complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par			1	
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 80	)7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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	? <b>7</b> a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		X
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 10a	_		
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.)	_		
12a	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.		0000	(0000)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	"No" re		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
-	Enter the number of voting members included on line 1a, above, who are independent 1b 9	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		v	
~	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		6		X
6	Did the organization have members or stockholders?	0		
1 d		70		x
<b>h</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
U		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
а	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b		16a		X
b	taxable entity during the year?	Iou		
b 16a	faxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
b 16a	, , , , , , , , , , , , , , , , , , , ,	100		
b 16a b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
b 16a b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure			
b 16a b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Exempt Status</b> with which a copy of this Form 990 is required to be filed AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS	16b		<u> </u>
b 16a b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	16b	availa	ble
b 16a b <u>Sec</u> 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	16b	availa	ble
b 16a b <u>Sec</u> 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website X Upon request ○ Other ( <i>explain on Schedule O</i> )	s only)		ble
b 16a b <u>Sec</u> 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         Ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and</li> </ul>	s only)		ble
b 16a b <u>Sec</u> 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         Ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.</li> </ul>	s only)		ble
b 16a b <u>Sec</u> 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>AK</u> , AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> ) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ►	s only)		ble
b 16a b <u>Sec</u> 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. ○ Own website ○ Another's website ③ Upon request ○ Other ( <i>explain on Schedule O</i> ) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ PETER FINLEY - 480-922-8212	s only)		ble
b 16a b <u>Sec</u> 17 18 19 20	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>AK</u> , AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> ) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ►	16b s only)		

Form 990 (2	2020) CHILDHELP INC.	95-2884608	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee	*S	
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar ye	ar ending with or within the organization's	tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organization)	ations), regardless of amount of compensa	ation.
Enter -0- in	columns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)					C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto I	r/trus <sup>.</sup> I	tee)	from	from related	other
	(list any	ector.						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pensi		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t corr				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) YVONNE FEDDERSON	40.00		_		-		-			
PRESIDENT	1.00	х		х				498,462.	0.	5,892.
(2) SARA O'MEARA	40.00									
CHAIRMAN/CEO	1.00	х		х				498,076.	0.	5,827.
(3) GREGORY MCKAY	40.00									
FORMER CHIEF OPERATING OFFICER							х	306,878.	0.	2,859.
(4) DENISE BIBEN	40.00									
CHIEF PROGRAM OFFICER				х				249,559.	0.	21,266.
(5) PETER FINLEY	40.00									
CHIEF FINANCIAL OFFICER				Х				245,927.	0.	18,665.
(6) JOHN HOPKINS	40.00									
CHIEF INFORMATION OFFICER				Х				228,541.	0.	29,612.
(7) MICHAEL MEDORO	40.00									
CHIEF DEVELOPMENT OFFICER				Х				220,841.	0.	25,866.
(8) CHRISTOPHER RUBLE	40.00									
EXECUTIVE DIRECTOR-VA					Х			203,357.	0.	28,865.
(9) DAPHNE YOUNG	40.00									
VICE PRESIDENT, COMMUNICATIONS					Х			195,806.	0.	17,976.
(10) DIANA CORREA	40.00									
EXECUTIVE DIRECTOR-CA (THRU 4/21)					Х			204,767.	0.	7,257.
(11) LAWRENCE RAMOS	40.00									
EXECUTIVE DIRECTOR-CA					Х			187,566.	0.	24,264.
(12) JILL BROWN	40.00									
CHIEF HUMAN RESOURCES OFFICER				Х				188,371.	0.	18,369.
(13) REBECCA COOPER	40.00									
VICE PRESIDENT, PUBLIC AFFAIRS						X		185,357.	0.	7,830.
(14) DEBORAH MACK	40.00									
PSYCHIATRIST						X		168,033.	0.	8,048.
(15) JAMES JARRELL	40.00									
MEDICAL DIRECTOR						X		148,941.	0.	0.
(16) SHARON FIXMAN BRICKER	40.00									
CONTROLLER						X		145,539.	0.	1,637.
(17) KRISTEN DOUGLAS	40.00									
VP, GOVT AFFAIRS & STRATEGIES						X		136,311.	0.	10,379. Form <b>990</b> (2020)

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032007 12-23-20

Form 990 (2020)

Form 990 (2020) CHILDHELP INC									95-28846	8	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)			
<b>(A)</b> Name and title	(B) Average hours per week	box offi	, unle	Pos theck i ss per nd a di	ition more rson i:	than o s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	a	(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensa from th ganizat id relat anizati	ie tion ted
(18) PETER GENTALA GENERAL COUNSEL (THRU 7/20)	40.00			x				118,988.	0.		4	210.
(19) JIM HEBETS	30.00										-,	
EXECUTIVE VICE PRESIDENT	1.00	х		X				0.	0.	<b> </b>		0.
(20) CAROL HEBETS SECRETARY	30.00	x		x				0.	0.			٥
(21) JILL BABB	4.00	~		^				0.	0.			0.
DIRECTOR		x						0.	0.			Ο.
(22) JIMMY BUCKNER	4.00											
DIRECTOR		х						0.	0.			٥.
(23) JOSEPH CIOLLI	4.00											
DIRECTOR (24) BILL ECKHOLM	4 00	X						0.	0.			0.
DIRECTOR	4.00	x						0.	0.			0.
(25) PATRICIA EDWARDS	4.00							· · ·				••
DIRECTOR		х						0.	0.			٥.
(26) DRU HAMMER	4.00	-										
DIRECTOR		Х						0.	0.	<b> </b>		0.
1b Subtotal								4,131,320.	0.		238,	822.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								4,131,320.	0.	-	238	822.
2 Total number of individuals (including but no							o re	, ,		-	200,	•==•
compensation from the organization						,		,				22
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	,	,				,	0		5			
line 1a? If "Yes," complete Schedule J for su										3	X	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150			-						-	4	x	
5 Did any person listed on line 1a receive or a												
rendered to the organization? <i>If "Yes." com</i>										5		х
Section B. Independent Contractors												
1 Complete this table for your five highest cor										ation fr	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.		~	
(A) Name and business	address							(B) Description of s	ervices		<b>C)</b> ensatio	n
TELE KING GROUP INC												
135 E CHILTON DRIVE, CHANDLER, AZ 852	25							MARKETING		1	,022,	562.
SHEPPARD, MULLIN, RICHTER & HAMPTON I	ιLΡ,											
333 SOUTH HOPE ST., 43RD FLOOR, LOS								LEGAL			467,	855.
CORNERSTONE GOVERNMENT, 800 MAINE AVE 7TH FLOOR, WASHINGTON D.C., DC 85202	s.,							CONSULTING			110	000.
								CONDULTING			110,	
2 Total number of independent contractors (ir	•	ot lin	niteo	d to t			ted	l above) who received mo	ore than			
\$100,000 of compensation from the organiz SEE PART VII, SECTION A CONTINU		Ţ				3				Farme	<b>990</b> (	2022
032008 12-23-20										rorm	550 (	2020)

Form 990 CHILDHELP INC									95-28846	508
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (		, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(2)			ition that	app	5	Reportable compensation	Reportable compensation	Estimated amount of
	per	(CI	Teck	(all)	that	app T	iy)	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ector				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted er		(W-2/1099-MISC)		organization
	related	Istee	truste		æ	bensa				and related
	organizations	ual tru	ional		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) SHARON LECHTER	4.00	-	-	0	×	<u> </u>	ш.			
DIRECTOR		х						0.	0.	0.
(28) CONNIE OLSEN	4.00									
DIRECTOR		х						0.	0.	0.
(29) DAVID PURVIS	4.00									
DIRECTOR (THRU 8/20)		х						0.	0.	0.
					<u> </u>					
Total to Part VII, Section A, line 1c								1		<u> </u>

032201 04-01-20

ar	t VII	Statement of Re	venu	le						
		Check if Schedule O	conta	ins a resp	onse	or note to any line			(5)	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue exclue from tax und sections 512 -
s	1 a	Federated campaigns		1a		19,161.				
and Other Similar Amounts		Membership dues								
Ĕ	с	Fundraising events		1c		5,256,017.				
ar /	d	Related organizations		1d						
Ē	е	Government grants (conti	ributic	ns) <b>1e</b>		2,693,038.				
Š	f	All other contributions, gifts,	grants	s, and						
the		similar amounts not included	l above	e 1f		4,832,519.				
0 D	g	Noncash contributions included in	lines 1a	1f <b>1g</b>	\$	199,373.				
an	h	Total. Add lines 1a-1f				1	12,800,735.			
						Business Code				
	2 a					623000	26,634,369.	26,634,369.		
e	b					611600	3,733,983.	3,733,983.		
Revenue	с					624100	3,011,992.	3,011,992.		
Yev	d					624100	1,424,773.	1,424,773.		
	е					624100	11,844.	11,844.		
		All other program service					24.046.064			
_		Total. Add lines 2a-2f					34,816,961.			
	3	Investment income (inclue	•							
		other similar amounts)								
	4	Income from investment o		•						
	5	Royalties	··							
				(i) Rea	ai	(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	<b>6</b> C							
		Net rental income or (loss	» <u> </u>	(i) Secur		(ii) Other				
	7 a	Gross amount from sales of	_	(i) Secur	liles	(ii) Other				
		assets other than inventory	7a							
	D	Less: cost or other basis	71			98,374.				
	_	and sales expenses	7b 7c			-98,374.				
		Gain or (loss)				· · · · ·	-98,374.			-98,3
		Net gain or (loss) Gross income from fundraisi			····		50,574.			50,5
	0 0	including \$5,	-							
'		contributions reported on								
		Part IV, line 18		-	8a	1,887,440.				
	h	Less: direct expenses			8b					
		Net income or (loss) from				►	544,039.			544,0
		Gross income from gamir								<b>/</b>
	5 4	Part IV, line 19								
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory,			<u> </u>					
	a	and allowances			10a					
	h	Less: cost of goods sold								
		Net income or (loss) from								
╈			24,00	2		Business Code				
	11 a	MISCELLANEOUS INCOM	ſE			900099	120,432.			120,4
onu	b						,			/
Revenue	c									
Re		All other revenue								
		Total. Add lines 11a-11d					120,432.			
	<u>е</u> 12	Total revenue. See instruction					48,183,793.	34,816,961.	0.	566,0
	· 🗠		0110			🗾	, ,	, , , , , , , , , , , , , , , , , , , ,		, •

CHILDHELP INC. Form 990 (2020) CHILDHELP INC.
Part IX Statement of Functional Expenses

Page 10

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	1,160.	1,160.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,967,118.	1,425,038.	915,192.	626,888
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,902,931.	23,335,727.	1,505,439.	1,061,765
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	242,120.	241,484.		63
9	Other employee benefits	2,278,140.	1,984,840.	172,652.	120,648
0	Payroll taxes	2,214,362.	1,904,664.	182,020.	127,678
11	Fees for services (nonemployees):	, ,	. ,	,	
	Management				
	Legal	343,439.	107,812.	27,885.	207,74
	Accounting	83,578.		83,578.	
		140,000.	43,949.	11,367.	84,68
	Lobbying Professional fundraising services. See Part IV, line 17	1,190,168.	,	,	1,190,16
		_,,			_,,_
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1,081,531.	901,368.	149,556.	30,60
	column (A) amount, list line 11g expenses on Sch 0.)	357,350.	320,216.	21,081.	16,053
12	Advertising and promotion	1,069,671.	790,644.	127,381.	151,640
13	Office expenses	1,009,071.	/90,044.	127,301.	151,04
14	Information technology				
15	Royalties	1 274 724	1 110 100	104 624	152.06
6	Occupancy	1,374,724.	1,116,129.	104,634.	153,963
17	Travel	297,063.	190,473.	24,023.	82,56
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	113,907.	90,066.	16,502.	7,33
20	Interest	1,047,215.	833,402.	3,096.	210,71
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	805,765.	705,069.	89,568.	11,128
3	Insurance	1,033,930.	870,469.	128,761.	34,70
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOSTER CARE	1,801,738.	1,801,738.		
b	MAINTANENCE AND REPAIRS	1,244,790.	1,179,560.	50,958.	14,27
c	FOOD	1,191,227.	951,045.		240,18
d	LICENSING AND DUES	670,669.	460,263.	104,262.	106,14
	All other expenses	699,823.	662,823.	, ,	37,000
5	Total functional expenses. Add lines 1 through 24e	48,152,419.	39,917,939.	3,717,955.	4,516,52
. <u>5</u> 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				

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Form **990** (2020)

CHILDHELP INC.

		Check if Schedule O contains a response or not	e to any	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,443,262.	1	1,460,051
	2	Savings and temporary cash investments			167,417.	2	3,807
:	3	Pledges and grants receivable, net			6,635,135.	3	6,232,645
	4	Accounts receivable, net			4,561,604.	4	5,476,976
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se person	IS		5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described				6	
0 T	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			29,525.	8	32,883
As   á	9	Description of the second state for the second state of the second			562,873.	9	894,753
10	0a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	25,544,636.			
	b	Less: accumulated depreciation		17,907,503.	7,644,385.	10c	7,637,133
1		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets			238,461.	14	194,838
1		Other assets. See Part IV, line 11			5,096,099.	15	5,730,403
16		Total assets. Add lines 1 through 15 (must equ			26,378,761.	16	27,663,489
17		Accounts payable and accrued expenses			5,708,386.	17	6,567,870
18		Grants payable				18	· ·
19		Deferred revenue			1,550,451.	19	1,204,824
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
0		Loans and other payables to any current or form					
Liabilities	-	trustee, key employee, creator or founder, subst					
ilid		controlled entity or family member of any of the				22	
<u>e</u> ا	3	Secured mortgages and notes payable to unrela	-		11,871,025.	23	11,636,980
24		Unsecured notes and loans payable to unrelated		Γ	16,667.	24	0
2		Other liabilities (including federal income tax, pa		Г			
	-	parties, and other liabilities not included on lines					
		of Schedule D	,.			25	
26	6	Total liabilities. Add lines 17 through 25			19,146,529.	26	19,409,674
	•	Organizations that follow FASB ASC 958, che	ck here	► X	, ,		, ,
es		and complete lines 27, 28, 32, and 33.					
	7				-2,389,044.	27	-1,170,736
ala 28		Net assets with donor restrictions	9,621,276.	28	9,424,551		
Β ľ.	•	Organizations that do not follow FASB ASC 9			, , , -	20	, ,
Net Assets or Fund Balances		and complete lines 29 through 33.	50, chet				
<del>ک</del> 29	a	Capital stock or trust principal, or current funds				29	
si 30	-	Paid-in or capital surplus, or land, building, or ed		fund		30	
Ass 3.		Retained earnings, endowment, accumulated in		Г		30	
valata S					7,232,232.	31	8,253,815
_		Total net assets or fund balances			26,378,761.	33	27,663,489
33	5	Total liabilities and net assets/fund balances			20,070,701.	აა	Form <b>990</b> (202

Form 990 (2020)

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Form	990 (2020) CHILDHELP INC.	95-288460	8	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	48	,183,	793.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48	,152,	419.
3	Revenue less expenses. Subtract line 2 from line 1	3		31,	374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,232,	232.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-	-693,	756.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,683,	965.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8	,253,	815.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	Х	<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
				990	(0000)

Form **990** (2020)

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(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047	
2020	
Open to Public Inspection	

		f the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation.			Open to Public Inspection
Nam	e of t	the organizati		e.e te ti ti e.ge					Employer	' ide	entification number
		U U		ELP INC.							-2884608
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The o	organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).			
2					Attach Schedule E (Forn						
3					anization described in se			i).			
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	)(iii). Enter	the	hospital's name,
		city, and stat	e:								
5					llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed ir	n
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)							
6			·	-	nental unit described in						
7	X				ntial part of its support fi	om a gove	ernmental	unit or from t	he general p	pub	lic described in
				omplete Part II.)							
8					(1)(A)(vi). (Complete Par						
9					in section 170(b)(1)(A)(						ege
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
		university:									
10		•		•	than 33 1/3% of its supp				•	Ŭ	•
					t to certain exceptions; a						
					(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after	June 30, 1975.
				mplete Part III.)				O(-)(A)			
11 12		-	-	-	ively to test for public sat	•			rn out the	-	nonce of one or
12		-	-	-	ively for the benefit of, to d in section 509(a)(1) o	-			-		-
					f supporting organization						
2		7	-	• •	upervised, or controlled		-		-	aivi	na
а				-	gularly appoint or elect a	• • • •	-		•••••	-	-
			-	complete Part IV, Se		majonty c				ippi	orting
b		¬ -		-	or controlled in connect	ion with it	s sunnorte	d organizatio	n(s) by hav	/ina	
	L			-	anization vested in the sa			-		-	
			•	t complete Part IV,					go the supp	0010	ou -
с		¬ -		-	g organization operated	in connect	tion with. a	and functiona	llv integrate	ed w	vith.
-			-		). You must complete I						····,
d		¬ · ·	-		porting organization oper				rted organiz	zatio	on(s)
			-		ation generally must sat				-		
					nplete Part IV, Sections						
е		-			written determination fro				II, Type III		
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			_	
f	Ente	er the number	of supported of	organizations						L	
g				n about the supporte							
	(	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o			(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	sup	oport (see instructions)
<u>Tota</u>	I									1	

#### Schedule A (Form 990 or 990-EZ) 2020 CHILDHELP INC.

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Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Cale	ction A. Public Support ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(-) 0000	( ) · · ·
	idai yeai (of iiseal year beginning iii) 📂	(a) 2010					(f) Total
	Cifta granta contributions and		(-7-2	(0) 2010	(u) 2019	(e) 2020	<b>(f)</b> Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	, , , , , , , , , , , , , , , , , , ,	11 884 665	10 155 793	0 000 300	11 590 037	12 800 735	56 340 629
-	include any "unusual grants.")	11,884,665.	10,155,793.	9,909,399.	11,590,037.	12,800,735.	56,340,629.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	696,000.	696,000.	696,000.	696,000.	693,756.	3,477,756.
4	Total. Add lines 1 through 3	12,580,665.	10,851,793.	10,605,399.	12,286,037.	13,494,491.	59,818,385.
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)						6,130,683.
6	Public support. Subtract line 5 from line 4.						53,687,702.
_	tion B. Total Support	•		ł			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	12,580,665.	10,851,793.	10,605,399.	12,286,037.	13,494,491.	59,818,385.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,405.	65.	2,050.	1,416.	ο.	5,936.
9	Net income from unrelated business	_,	•	_,	_,	- •	-,
9	activities, whether or not the						
	·	370,765.	1,384,578.				1,755,343.
40	business is regularly carried on	370,703.	1,304,370.				1,755,545.
10	Other income. Do not include gain						
	or loss from the sale of capital	1 522 644	E24 407	106,648.	20 652	120 422	2 222 704
	assets (Explain in Part VI.)	1,532,644.	534,407.	100,040.	28,653.	120,432.	2,322,784.
	Total support. Add lines 7 through 10						63,902,448.
12	Gross receipts from related activities,		,		l	12	174,167,264.
13	First 5 years. If the Form 990 is for th	0	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	. —
<u></u>	organization, check this box and stop						
	tion C. Computation of Public				I		04.00
	Public support percentage for 2020 (li				r	14	84.02 %
	Public support percentage from 2019					15	79.72 %
<b>16</b> a	33 1/3% support test - 2020. If the o			line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	
	stop here. The organization qualifies a	. ,	•				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	and-circumstance	es test, check this	box and <b>stop her</b>	e. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	Part VI how the	
					our ported or appir	ation	
	organization meets the facts-and-circu	mstances test. The	e organization qua	littles as a publicity	supported organiz	auon	
18	organization meets the facts-and-circu Private foundation. If the organization		•				

#### 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.)

Sec	ction A. Public Support	-			_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
~							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
b	<b>3 received from disqualified persons</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	) (f) Total
9	Amounts from line 6						
	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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
_	check this box and stop here		-				
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))			%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the						line 17 is not
	more than 33 1/3%, check this box ar	-	•		• •		▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						ation
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t			····· <b>·</b>
03202	3 01-25-21		15	1	Scl	hedule A (For	m 990 or 990-EZ) 2020

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

#### Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

Yes No

1

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Schedule A (Form 990 or 990-EZ) 2020

10b

Sche	edule A (Form 990 or 990 EZ) 2020 CHILDHELP INC.	95-2884608	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year (iii) a conv of the Form 990 that was most recently filed as of the date of notification, and (iii) conies of the			

	bid the organization provide to each of its supported organizations, by the last day of the initial 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 line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

supported organizations played in this regard.

Sec	tion E. Type III Functionally Integrated Supporting Organizations
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

	Cnec	ck the box next to the method that the org	janization used	to satisfy the l	ntegrai Part Te	est auring the ye
		7				
-		The examination estimated the Astivities	Teet o / /	line O / /		

a \_\_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.

b	The organization	is the parent of	of each of its	supported	organizations.	Complete line 3	below.

С	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

19

- 2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

За

3b

Yes No

 Schedule A (Form 990 or 990-EZ) 2020
 CHILDHELP INC.

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1 Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	Г
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 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
			-

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

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 CHILDHELP INC. 95-2884608 Page 8 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, EXPLANATION FOR OTHER INCOME: MISC. INCOME 2016 AMOUNT: \$ 54,745. 2018 AMOUNT: \$ 106,648. 2019 AMOUNT: \$ 28,653. 2020 AMOUNT: \$ 120,432. PROCEEDS FROM SALE OF INSURANCE POLICY 2017 AMOUNT: \$ 534,407. SETTLEMENT INCOME 2016 AMOUNT: \$ 1,477,899.

### **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047



Employer identification number

CHI	CHILDHELP INC.				
Organization type (check o	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>2</b>
Name of or	ganization		Employer identification number
CHILDHEL	P INC.		95-2884608
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$2,200,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$856,	133. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>3</u>	Name, address, and ZIP + 4	Total contribution	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$639,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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Page 2

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>3</b>
Name of o	rganization		Employer identification number
CHILDHEL	P INC.		95-2884608
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
023453 11-25	26	Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)

08490518 131839 038-076851

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ame of org	ganization		Employer identification number
HILDHELP	? INC.		95-2884608
Part III		<ul> <li>h) through (e) and the following line ent charitable, etc., contributions of \$1,000 or</li> </ul>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year.
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gift	t.
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) Use of girt	
		(e) Transfer of gift	[
	Transferee's name, address, a		Relationship of transferor to transferee
3454 11-25-2	20		Schedule B (Form 990, 990-EZ, or 990-PF) (20

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047				
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2020				
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization is described below.</li> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	Open to Public Inspection				
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activi	ities), then				
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not complete Part I-C.					
<ul> <li>Section 501(c) (other</li> </ul>	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.					
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete Part I-A only.					
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then						
• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.						
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.						
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy						

#### Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga	nization CHILDHELP	INC		Emp	loyer identification number 95-2884608	
Pa	art I-A		anization is exempt und	ler section 501(c)	or is a section 527 or		
1 2	Provide Political	a description of the organiz campaign activity expendit	ation's direct and indirect politic ures gn activities	cal campaign activities i	n Part IV. ▶ \$	-	
Pa	art I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).		
1	Enter the	e amount of any excise tax	incurred by the organization une	der section 4955	▶\$		
2	Enter the	e amount of any excise tax	incurred by organization manag	ers under section 4955	▶ \$	i	
3	If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No	
4a	a Was a c	orrection made?				Yes No	
		describe in Part IV.				101	
	art I-C		anization is exempt und				
		• •	d by the filing organization for se	-		j	
2			ization's funds contributed to of	•			
_							
3			. Add lines 1 and 2. Enter here a				
4			<b>1120-POL</b> for this year?				
5	made pa contribu	ayments. For each organiza tions received that were pro	nployer identification number (El tion listed, enter the amount pai comptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political orga	ation's funds. Also enter th anization, such as a separat	e amount of political	
		<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	

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

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020	CHILDHELP INC.			95-2	884608 Page <b>2</b>
Part II-A Complete if the org		npt under section	1 501(c)(3) and file	d Form 5768 (ele	
section 501(h)).					
A Check 🕨 🛄 if the filing organiza	ation belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying e	expenditures).			
B Check 🕨 🛄 if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		1
	its on Lobbying Exper ditures" means amou			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (a	prassroots lobbying)		140,000.	
<b>b</b> Total lobbying expenditures to infl				,	
c Total lobbying expenditures (add l	•			140,000.	
d Other exempt purpose expenditure				48,012,419.	
e Total exempt purpose expenditure				48,152,419.	
f Lobbying nontaxable amount. Ent				1,000,000.	
If the amount on line 1e, column (a) of		bying nontaxable am		_,,	
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exce	ess over \$500.000		
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exce	· · · · · · · · · · · · · · · · · · ·		
Over \$1,500,000 but not over \$17		0 plus 5% of the exces			
Over \$17,000,000	\$1,000,000				
	\$ ,,000,		1		
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
<b>h</b> Subtract line 1g from line 1a. If zer	,			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze			•		
reporting section 4911 tax for this		, <b>,</b>			Yes No
· · · · · · · · · · · · · · · · · · ·		eraging Period Under	Section 501(h)		
(Some organizations t	hat made a section 50		nave to complete all o	f the five columns be	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d</b> ) 2020	<b>(e)</b> Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	127,540.	186,570.	111,250.	140,000.	565,360.
		1			

 
 c
 Total lobbying expenditures
 127,540.
 186,570.
 111,250.
 140,000.
 565,360.

 d
 Grassroots nontaxable amount
 250,000.
 250,000.
 250,000.
 250,000.
 1,000,000.

 e
 Grassroots ceiling amount (150% of line 2d, column (e))
 127,540.
 55,059.
 140,000.
 322,599.

 f
 Grassroots lobbying expenditures
 127,540.
 55,059.
 140,000.
 322,599.

 Schedule C (Form 990 or 990-EZ) 2020

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## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		. 5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

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Department of the Treasury

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



Department of the freasury	Attach to Form 556.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	on

Employer identification number

95	-28	84	60	8

	CHILDHELP INC.			95-2884608
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			·
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds	1
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
Ŭ	for charitable purposes and not for the benefit of the donor of			
				·
Par		anization answered "Yes" on Form 990 F	Part IV li	ine 7
1	Purpose(s) of conservation easements held by the organization		arriv, i	
•	Preservation of land for public use (for example, recreat		a histor	ically important land area
	Protection of natural habitat			ed historic structure
	Preservation of open space		acertin	
2	Complete lines 2a through 2d if the organization held a qualifi	od consonvation contribution in the form of	of a con	sonvation assemant on the last
2				Held at the End of the Tax Year
-	day of the tax year.		- F	
	Total number of conservation easements			2a
		unture included in (a)	Г	2b 2c
	Number of conservation easements on a certified historic structure of conservation easements included in (a) convinced		····· Γ	20
a	Number of conservation easements included in (c) acquired a			
~	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organiza	ation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
~	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conse	ervation	easements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	ion ease	ements during the year
~				
8	Does each conservation easement reported on line 2(d) above	• • •		
~				
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that	describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	her Sir	milar Assets
I UI	Complete if the organization answered "Yes" on Form			
				and about works
Ia	If the organization elected, as permitted under FASB ASC 956			
	of art, historical treasures, or other similar assets held for pub			
ь	service, provide in Part XIII the text of the footnote to its finan			ala a trucculur a f
D	If the organization elected, as permitted under FASB ASC 956			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
~				▶ \$
2	If the organization received or held works of art, historical trea		gain, pr	roviae
	the following amounts required to be reported under FASB A	-		
a	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2020
032051	12-01-20			

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Obtaction tems (check all that apply):       a       b	Sche	dule D (Form 990) 2020 CHILDHELP I	NC.						95-288	4608	Р	age <b>2</b>
collection time (check all that apply):       a       Delate exhibition       d       Lean or exchange program         b       Scholarly research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Using the year, did the organization's collections and explain how they further the organization's collection?       Yes       No         Fart IV       Escrow and CutsOdial Arrangements. Complete if the organization's collection?       Yes       No         b       I'res, "explain the arrangement in Part XIII and complete the following table:       I       Amount         c       Additions during the year       Id       Amount       Id       Id         d       Distributions during the year       Id	Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	rical Tre	asures, or Ot	her S	Similaı	r Assets	conti	nued)	
a       Public exhibition       d       □ can or exchange program         b       Scholar reservation for future generations         c       Preservation for future generations       Other         c       Preservation for future generations collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year. (dit for organization science of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answerd "Yes" on Form 990, Part IV, line 8. or reported an amount on Form 990, Part X, line 21.         1a       Is the organization any entry. Listee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization any entry. Listee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the organization answered "Yes" on Form 990, Part X, line 21.       No       Internet the part of the organization answered "Yes" on Form 990, Part X, line 21.         2a       Did the organization include an amount on Form 990, Part X, line 21. (or escrow or custodial account liability?       Yes       No         b       Try tery and the parangement in Part XIII and complete the organization	3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the f	ollowing that mak	ke sign	ificant ι	use of its	·	,	
b       Scholary research       e       Other         c       Previse advance for future generations       e       Other         3       Provide accipation of the organization scollections and explain how they further the organizations or other similar assets       to be sold the organization solicit or receive donations of art, historical treasures, or other similar assets       to be sold the organization answered "Yes" on Form 990, Part X, line 9, or reported an anount on Form 990, Part X, line 21.         1a       Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the following table:       Amount       to the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the following table:       If to the organization include an amount on Form 990, Part X, line 21.       Yes       No         c       Distributions during the year       If       If       If       If         2a       Dot the organization include an amount on Form 990, Part X, line 21.       If Yes, 'free years back (0) Fore years b		collection items (check all that apply):										
c       Preservation for Vibure generations         4       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets <ul> <li>to be solid to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Ves</li> <li>No</li> <li>Part IV</li> <li>Excore and Custodial Arrangements. Comparization answered "Yes" on Form 900, Part IV, line 9, or reported an anount on Form 900, Part X, line 21.</li> <li>Ta is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.</li> <li>Ta is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.</li> <li>Ta is the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.</li> <li>Ta is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?</li> <li>Yes</li> <li>No b</li> <li>If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> <li>Define organization include an amount on Form 990, Part X, line 10.</li> <li>The organization include an amount on Form 990, Part X, line 10.</li> <li>If Part V</li> <li>Indowment Funds. Complete if the organization naseered 'Yes' on Form 990, Part X, line 10.</li> <li>If a Beginning of year balance</li> <li>(a) Current year</li> <li>(b) Price year</li> <li>(c) Price year</li> <li>(d) Price year</li> <li>(d) Price year</li> <li>(d) Price year</li> <li>(d) Price year is (b) Price year is (b) Price year is (b) Price year balance</li> <li>(d) Current year</li> <l< td=""><td>а</td><td>Public exhibition</td><td>d</td><td><u></u> Γ</td><td>oan or exc</td><td>hange program</td><td></td><td></td><td></td><td></td><td></td><td></td></l<></ul>	а	Public exhibition	d	<u></u> Γ	oan or exc	hange program						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     5 During the year, did the organization solicit or receive donalitons of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part IV Encore an anount on Form 990, Part X, line 21.     a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, line 21.     a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Ves     No     b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.     Part V Endowment Funds. Complete if the organization nature of Yes' on Form 990, Part IV, line 10.     If a Beginning of year balance         [a) Current year         [b) Forior year:         [c) Provise the estimated percentages on facilities         and programs         [a) Current year         [b) Forior year:         [c) Provise the estimated percentages on the solar shorts         [a) Current year balance         [b) Contributions         [c) Current year on balance (line 1g, column (a)) held as:         [a) Control year balance         [b) Promote the estimated percentage of the current year on balance (line 1g, column (a)) held as:         [a) Control year balance         [c) Constraintive expenses	b											
<ul> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise tuber starts than to be maintained as part of the organization's collection?</li> <li>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 in e 21.</li> <li>I is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Tes, "explain the arrangement in Part XIII and complete the following table:</li> <li>C Beginning balance</li> <li>I 'es," explain the arrangement in Part XIII and complete the following table:</li> <li>I 'es," explain the arrangement in Part XIII and complete the following table:</li> <li>I 'et al, "et al, "</li></ul>	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Intervent Funds.         Intervent Funds.           c         Beginning balance         Intervent Funds.	4	Provide a description of the organization's co	llections and explain	how the	y further th	e organization's e	exempt	t purpos	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII)       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit or	receive donations o	of art, hist	torical treas	ures, or other sin	nilar as	sets		_		
reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b if "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       10       10         c Beginning balance       10       10       10       10       10         d Additions during the year       10       10       10       10       10       10         2b Dth tools during the year       10 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>No</td></t<>												No
1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete table:       Image: Complete table:       Image:	Par			ete if the o	organizatio	n answered "Yes	' on Fo	orm 990	, Part IV, I	ine 9, or		
or Form 990, Part X?       Yes       No         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         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Findowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       (e) Four years back (e) Four years back (f) Inter years back (f) Four years back (f) Inter years back (f) Four years back (f) Inter years back (f) Inter years back (f) Four years back (f) Four years back (f) Four years back (f) Inter years back (f) Four years back (f) Four years back (f) Inter years back (f) Four years f) Fouryear (f) Fouryear (f) Four years (f) Four years f) Fou												
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          e       Distributions during the year          1d          2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account table introved on Part XIII           No          b       If 'tso' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII           No          b       If 'tso' explain the arrangement in Part XIII. Check here if (b) Prior year (c) Trow years back.           (D) Forw years back.           (D) Trow years back.           (D) Trow years back.          a       Beginning of year balance           (D) Prior years           (D) Querrent year           (D) Prior years           (D) Querrent year           (D) Querertear	1a									-	_	-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Distributions during the year       If         f       Ending balance       If         a       Distributions during the year       If         d       Endowment Funds. Complete if the organization answered 'Yes' on Form 990. Part XIII.       Image: Part V         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990. Part XIII.       Image: Part V         Ia Beginning of year balance       993,235, 1,039,273, 1,046,522, 1,027,752, 1,003,223.       Image: Part V         Ia Common teamings, gains, and losses       239,096, -16,423, 48,789, 59,732, 48,305.       Image: Part V         C Other expenditures for facilities and programs       51,236, 29,615, 56,038, 40,962, 23,776.       Image: Part V         P Administrative expenses       1,181,095, 993,235, 1,039,273, 1,046,522, 1,027,752.       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         B Board designated or quasi-endowment I      0000_%       Image: Part V       Image: Part V         D Permanent endowment I      0000_%       Image: Part V       Image: Part V       Image: Part V									L	Yes		_ No
c       Beginning balance       1c       1d         d       Additions during the year       1e       1d         f       Ending balance       1e       1f         2a       Distributions during the year       1e       1f         f       Ending balance       1f       1e         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes, 's replain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       Ves       No         b       If 'Yes, 's replain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       10000 2,223.       1,003,223.       1,046,522.       1,027,752.       1,003,223.         b       Contributions       239,096.       -16,423.       48,789.       59,732.       48,305.         c       Not investment earnings, gains, and losses       51,236.       29,615.       56,038.       40,962.       23,776.         c       Administrative expenses       1,181,095.       993,235.       1,039,273.       1,046,522.       1,027,752.         c       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or quasi-ations       100	b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing ta	ble:							
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       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) I'wo years back       (d) Four years back       (e) Four years back										Amoun	t	
e Distributions during the year       1e         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       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (0) Three years back (0) Three years bac												
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       f       Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years bac												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Enclowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: the second	-											
b       H "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Four yea												
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           1a         Beginning of year balance         993, 235.         1, 039, 273.         1, 046, 522.         1, 027, 752.         1, 003, 223.           b         Contributions         -         -         -         -         -           c         Net investment earnings, gains, and losses         239, 096.         -16, 423.         48, 789.         59, 732.         48, 305.           d         Grants or scholarships         -         -         -         -         -           e         Other expenditures for facilities         - <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>۲</td> <td> ـــــ</td> <td></td> <td>-</td> <td></td>								۲	ـــــ		-	
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       993,235.       1,039,273.       1,046,522.       1,027,752.       1,003,223.         b Contributions												
1a       Beginning of year balance       993,235.       1,039,273.       1,046,522.       1,027,752.       1,003,223.         b       Contributions			v					Three v	ears hack	(a) Fou	r vears	hack
b       Contributions	1a	Beginning of year balance										
c       Net investment earnings, gains, and losses       239,096.       -16,423.       48,789.       59,732.       48,305.         d       Grants or scholarships	-		,	/	,	, ,	-	,	, .		, ,	
d Grants or scholarships	c	ſ	239,096.		-16,423.	48,78	9.		59,732.		48,	305.
e       Other expenditures for facilities and programs       51,236       29,615       56,038       40,962       23,776         f       Administrative expenses       1,181,095       993,235       1,039,273       1,046,522       1,027,752         g       End of year balance       1,181,095       993,235       1,039,273       1,046,522       1,027,752         g       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       .0000       %         b       Permanent endowment ▶       .0000       %       %       Term endowment ▶       .0000       %         t       Term endowment ▶       .0000       %       %       Yes       No         g       C Term endowment ▶       .0000       %       Yes       No         g       (i) Unrelated organizations	d		,		,	<i>,</i>						
and programs       51, 236.       29, 615.       56, 038.       40, 962.       23, 776.         f       Administrative expenses												
f       Administrative expenses       1,181,095.       993,235.       1,039,273.       1,046,522.       1,027,752.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       0000       %         b       Permanent endowment ▶			51,236.		29,615.	56,03	8.		40,962.		23,	776.
g End of year balance       1,181,095.       993,235.       1,039,273.       1,046,522.       1,027,752.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶0000%         b       Permanent endowment ▶0000%         c       Term endowment ▶0000%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       A re there endowment Imdus not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>1, 234, 514.</li> <li>1</li></ul>			1,181,095.	1	993,235.	1,039,27	3.	1,0	46,522.	1	,027,	752.
b       Permanent endowment ▶	2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g,	column (a)	) held as:						
c       Term endowment ▶	а	Board designated or quasi-endowment	.0000	_%								
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(i) Arguing</li> <li>(i) Arguing</li> <li>(i) Arguing</li> <li>(i) Arguing</li> <li>(i) Arguing</li> <l< td=""><td>b</td><td>Permanent endowment  100</td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></l<></ul>	b	Permanent endowment  100	%									
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization         by:       Yes         (i)       Unrelated organizations         (ii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         V       Description of property         (a) Cost or other       (b) Cost or other         b       Buildings         1       Land         1       1,234,514.         1       1,234,514.         1       1,234,514.         1       1,234,514.         1       Buildings         1       1,3,206,339.         2       214,276.         3       3,513,517.         2,001,791.       1,664,606.	с	Term endowment  .0000 g	%									
by:       Yes       No         (i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(i)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       7c       7c         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.       (d) Book value         I       Land       1, 234, 514.       1, 234, 514.         b       Buildings       1, 234, 514.       1, 234, 514.         b       Buildings       18, 319, 406.       13, 206, 339.       5, 113, 067.         c       Leasehold improvements       475, 408.       261, 132.       214, 276.         d       Equipment       3, 513, 517.       2, 775, 426.       738. 091.         e       Other       2, 001, 791.       1, 664, 606.       337, 185.		The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
(i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       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.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1,234,514.       1,234,514.         b       Buildings       18,319,406.       13,206,339.       5,113,067.         c       Leasehold improvements       475,408.       261,132.       214,276.         d       Equipment       3,513,517.       2,775,426.       738,091.         e       Other       2,001,791.       1,664,606.       337,185.	3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	d administered fo	or the c	organiza	ation			
(ii) Childed organizations       3a(ii)       X         (iii) Related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       5       5       5       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value       6         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       1, 234, 514.       1, 23		by:										No
if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XII 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 Buildings       1,234,514.         c Leasehold improvements       18,319,406.         c Leasehold improvements       475,408.         26(1)       2,001,791.         e Other       2,001,791.		(i) Unrelated organizations								3a(i)	Х	L
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.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1,234,514.       1,234,514.       1,234,514.         b Buildings       18,319,406.       13,206,339.       5,113,067.         c Leasehold improvements       475,408.       261,132.       214,276.         d Equipment       3,513,517.       2,775,426.       738,091.         e Other       Conter       2,001,791.       1,664,606.       337,185.										3a(ii)		X
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1,234,514.       1,234,514.       1,234,514.         b       Buildings       18,319,406.       13,206,339.       5,113,067.         c       Leasehold improvements       475,408.       261,132.       214,276.         d       Equipment       3,513,517.       2,775,426.       738,091.         e       Other       2,001,791.       1,664,606.       337,185.	b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Scl	hedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land1,234,514.1,234,514.1,234,514.b Buildings18,319,406.13,206,339.5,113,067.c Leasehold improvements475,408.261,132.214,276.d Equipment3,513,517.2,775,426.738,091.e Other2,001,791.1,664,606.337,185.	4			vment fu	nds.							
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         1,234,514.	Par											
basis (investment)         basis (other)         depreciation           1a Land         1,234,514.         1,234,514.           b Buildings         18,319,406.         13,206,339.         5,113,067.           c Leasehold improvements         475,408.         261,132.         214,276.           d Equipment         3,513,517.         2,775,426.         738,091.           e Other         2,001,791.         1,664,606.         337,185.		· · · · · · · · · · · · · · · · · · ·							.			
1a Land       1,234,514.       1,234,514.         b Buildings       18,319,406.       13,206,339.       5,113,067.         c Leasehold improvements       475,408.       261,132.       214,276.         d Equipment       3,513,517.       2,775,426.       738,091.         e Other       2,001,791.       1,664,606.       337,185.		Description of property			• •				ed	( <b>d)</b> Boo	k valu	е
b Buildings         18,319,406.         13,206,339.         5,113,067.           c Leasehold improvements         475,408.         261,132.         214,276.           d Equipment         3,513,517.         2,775,426.         738,091.           e Other         2,001,791.         1,664,606.         337,185.		Level		ienų		, ,	uepre	cialion		1	224	514
c Leasehold improvements         475,408.         261,132.         214,276.           d Equipment         3,513,517.         2,775,426.         738,091.           e Other         2,001,791.         1,664,606.         337,185.							1 2	206	339			
d Equipment         3,513,517.         2,775,426.         738,091.           e Other         2,001,791.         1,664,606.         337,185.					10		13			5		
e Other					3						,	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				V oglum			-	,,		7		
Schedule D (Form 990) 2020	1010	in Alexandes ha through he. (Columni (a) Must ea	<u>uai ruini 990, Part /</u>	<u>, colurn</u>	<u>ı (D), III e I (</u>	<u>,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	<u></u>	Schedule			

08490518 131839 038-076851

# Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (a) Closely hold equity interacts (b) Closely hold equity interacts

(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) 457 PLAN ASSETS	652,150.
(2) ASSETS HELD IN TRUST	2,111,599.
(3) LAND AVAILABLE FOR SALE	2,611,411.
(4) DEPOSITS	274,296.
(5) LEASE CAP PRICE	80,947.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,730,403.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25	i.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability
(b) Book value

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part Y, col. (R) line 25.)	

Total. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

1

X

Sche	dule D (Form 990) 2020 CHILDHELP INC.			95-28	84608 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With F	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	51,827,237.
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	1,726,936.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,916,508.		
е	Add lines 2a through 2d			2e	3,643,444.
3	Subtract line 2e from line 1			3	48,183,793.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				48,183,793.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	50,805,654.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,420,692.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	232,543.		
е	Add lines 2a through 2d			2e	2,653,235.
3	Subtract line 2e from line 1			3	48,152,419.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	48,152,419.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part X, I	ine 2; Part XI,
PARI	V, LINE 4:				

CHILDHELP'S ENDOWMENT FUNDS CONSIST OF SEVERAL INDIVIDUAL FUNDS

ESTABLISHED FOR GENERAL PROGRAM PURPOSES. THE INCOME EARNED ON THE

ENDOWMENT IS AVAILABLE FOR GENERAL PROGRAM PURPOSES. ITS ENDOWMENT

INCLUDES ONLY DONOR-RESTRICTED ENDOWMENT FUNDS. NET ASSETS ASSOCIATED WITH

ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR

ABSENCE OF DONOR-IMPOSED RESTRICTIONS AND ARE REPORTED ENTIRELY AS NET

ASSETS WITH DONOR RESTRICTIONS. ALL REALIZED INVESTMENT INCOME IS EXPENDED

IN UNRESTRICTED NET ASSETS.

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#### PART X, LINE 2:

CHILDHELP HAS RECEIVED A TAX DETERMINATION LETTER INDICATING THAT IT

032054 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020         CHILDHELP INC.           Part XIII         Supplemental Information (continued)		95-2884608	Page 5				
Part XIII Supplemental Information (continued)							
QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 50	1(C)(3) OF THE						
INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIF	ORNIA REVENUE AND						
TAXATION CODE. IN ADDITION, THE ORGANIZATION HAS BEEN D							
INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING							
OF SECTION 509(A). INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE							
INCOME (UBTI) WOULD BE TAXABLE.							
PART XI, LINE 2D - OTHER ADJUSTMENTS:							
	412.005						
CHANGE IN VALUE OF ASSETS HELD IN TRUST	413,065.						
CHANGE IN VALUE IN 457B PLAN ASSETS	34,783.						
GAIN ON INSURANCE SETTLEMENT	1,400,000.						
OTHER SETTLEMENT GAIN	68,660.						
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,916,508.						
,							
PART XII, LINE 2D - OTHER ADJUSTMENTS:							
BAD DEBT EXPENSE	232,543.						

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047 2020

**Open to Public** 

Complete if the organization answered "Yes" on Form 990,						
Part IV, line 13, or Form 990-EZ, Part VI, line 48.						
Attach to Form 990 or Form 990-EZ.						

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

CHILDHELP INC.

Inspection Employer identification number

Name of the organization

95-2884608

Pa	rtl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
	NON PUBLIC SCHOOL NON-DISCRIMINATORY POLICIES ARE PROVIDED TO			
	PLACEMENT AGENCIES, POSTED ON THE WEBSITE, SHARED DURING OPEN			
	HOUSE/MARKETING MEETINGS, AND MADE AVAILABLE AT CONFERENCES.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_				
5	Does the organization discriminate by race in any way with respect to:	-		v
	Students' rights or privileges?	<u>5a</u>		X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
n	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	1 990 or (	990-EZ	.) 2020

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

COUNTY FUNDING FOR SPECIAL EDUCATION SERVICES IN CALIFORNIA AND VIRGINIA.

032062 11-10-20

SCHEDULE G Supple	mental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2020	
Department of the Treasury Attach to Form 990 or Form 990-EZ.						Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.           Name of the organization         Employer							Inspection identification number	
					95-288460	•		
	ies. Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
required to complete this	part.							
	raised funds through any of the followin	•						
			•	overnment grants nment grants				
<b>b</b> X Internet and email solicitations	g X Special		-	-				
d X In-person solicitations	g Opecial	Turiura	aising	events				
	en or oral agreement with any individual	(inclue	dina of	ficers. directors. trus	tees.	or		
C C	0, Part VII) or entity in connection with p	•	•		,	X Yes	No	
<b>b</b> If "Yes," list the 10 highest paid	individuals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	ndraiser is to be	9	
compensated at least \$5,000 by	the organization.							
		(;;;;	Did		(v)	Amount paid		
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to from activity		or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(-, ,					fundraiser ted in col. (i)	organization	
TELE KING GROUP LLC - 135	FACE TO FACE DIRECT	Yes	No					
CHILTON DRIVE, CHANDLER, AZ	FUNDRAISING		x	1,922,398.		1,190,168.	732,230.	
Total				1,922,398.		1,190,168.	732,230.	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
or licensing.	I, IL, KS, KY, ME, MD, MA, MI, MN, MS, N	<u>ио м</u> ит	NV N	TH N.T NM				

NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

## Schedule G (Form 990 or 990-EZ) 2020 CHILDHELP INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DRIVE THE DREAM	LA CAREOKE	15	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e				(event type)	(total humber)	
Revenue	1	Gross receipts	4,585,337.	458,727.	2,099,393.	7,143,457.
	2	Less: Contributions	3,804,777.	458,727.	992,513.	5,256,017
_	3	Gross income (line 1 minus line 2)	780,560.		1,106,880.	1,887,440.
	4	Cash prizes				
0	5	Noncash prizes	204,000.			204,000.
pense	6	Rent/facility costs	180,408.			180,408.
Direct Expenses	7	Food and beverages	220,798.			220,798.
ā	8	Entertainment				470,980
	9	Other direct expenses	179,556.	21,208.	66,451.	267,215
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	1,343,401
		Net income summary. Subtract line 10 from				544,039
'a	irt I		answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
ne		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				(u) (u)
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
			<b>Yes</b> %	Yes %	Yes %	

7 Direct expense summary. Add lines 2 through 5 in column (d)
8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

No

No

No

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

6 Volunteer labor

No

Sch	edule G (Form 990 or 990-EZ) 2020 CHILDHELP INC.	95-2884608	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	🗌 Ye	es 🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	<b>Y</b>	es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		es 🗌 No
k	) If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ and the amoun	t	
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
c	: If "Yes," enter name and address of the third party:		
	Name 🕨		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
47			
	Mandatory distributions:		
ē	I is the organization required under state law to make charitable distributions from the gaming proceeds to		es 🗌 No
	retain the state gaming license?		
Ľ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the amount of distributions of the text user.	ne	
Pa	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	d Part III lines	0 06 106
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	io i art iii, iiilea	3, 30, 100,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: TELE KING GROUP LLC		
<u> </u>			
(I)	ADDRESS OF FUNDRAISER: 135 CHILTON DRIVE, CHANDLER, AZ 85225		
_			
0320	83 11-25-20 Schedule G	(Form 990 or	990-EZ) 2020

n (in lueu)	
	Schedule G (Form 990 or 990-E2

032084 04-01-20

41 2020.05094 CHILDHELP INC.

SC	HEDULE J	Compens	sation Information	I	OMB No.	1545-004	47		
(Fo	rm 990)	-	ors, Trustees, Key Employees, and Highest		2020				
			pensated Employees		2020				
Dopo	rtment of the Treasury		answered "Yes" on Form 990, Part IV, line 23. tach to Form 990.		Open to Public				
	al Revenue Service		0 for instructions and the latest information.		Inspe	nspection			
Nam	ne of the organization	1		Employer ide	entificatio	on nui	mber		
		CHILDHELP INC.		95-28	84608				
Pa	rt I Question	s Regarding Compensation							
						Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any	of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any rele	evant information regarding these items.						
	First-class or c	harter travel	Housing allowance or residence for perso	nal use					
	Travel for com	panions	Payments for business use of personal re-	sidence					
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	S					
	Discretionary s	pending account	Personal services (such as maid, chauffer	ır, chef)					
b	•		follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described ab	ove? If "No," complete Part III to explain		. <b>1</b> b				
2	•		or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, re	garding the items checked on line 1a?		. 2				
3			establish the compensation of the organization's						
			y boxes for methods used by a related organization	on to					
	·	ation of the CEO/Executive Director, but exp							
	Compensation	committee	Written employment contract						
	·	ompensation consultant	X Compensation survey or study						
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Se	ection A line 1a with respect to the filing						
•	organization or a re								
а	•	e payment or change-of-control payment?			4a	х			
b		eive payment from a supplemental nonqual			·		x		
	-	eive payment from an equity-based comper	-				x		
•		es 4a-c, list the persons and provide the ap							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.						
5			the organization pay or accrue any compensatio	n					
	contingent on the r								
а	Ũ				5a		х		
							Х		
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n					
	contingent on the n	et earnings of:							
а	The organization?				6a		x		
							X		
		r 6b, describe in Part III.							
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments						
					. 7	Х			
8			ued pursuant to a contract that was subject to th						
		ption described in Regulations section 53.4			. 8		x		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable							
	Regulations section	53.4958-6(c)?	· · ·	<u></u>	9				
LHA		eduction Act Notice, see the Instructions			le J (Forr	n 990	2020		

032111 12-07-20

08490518 131839 038-076851

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I) <sup>-</sup> (D)	reported as deferred on prior Form 990	
(1) YVONNE FEDDERSON	(i)	398,462.	100,000.	0.	0.	5,892.	504,354.	0.	
PRESIDENT	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(2) SARA O'MEARA	(i)	398,076.	100,000.	0.	0.	5,827.	503,903.	0.	
CHAIRMAN/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) GREGORY MCKAY	(i)	109,278.	0.	197,600.	0.	2,859.	309,737.	0.	
FORMER CHIEF OPERATING OFFICER	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(4) DENISE BIBEN	(i)	216,226.	33,333.	٥.	12,800.	8,466.	270,825.	0.	
CHIEF PROGRAM OFFICER	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(5) PETER FINLEY	(i)	245,927.	0.	٥.	12,800.	5,865.	264,592.	0.	
CHIEF FINANCIAL OFFICER	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(6) JOHN HOPKINS	(i)	228,541.	0.	0.	18,772.	10,840.	258,153.	٥.	
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(7) MICHAEL MEDORO	(i)	220,841.	0.	0.	12,684.	13,182.	246,707.	٥.	
CHIEF DEVELOPMENT OFFICER	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(8) CHRISTOPHER RUBLE	(i)	203,357.	0.	٥.	18,772.	10,093.	232,222.	0.	
EXECUTIVE DIRECTOR-VA	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(9) DAPHNE YOUNG	(i)	195,806.	0.	0.	12,684.	5,292.	213,782.	٥.	
VICE PRESIDENT, COMMUNICATIONS	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(10) DIANA CORREA	(i)	204,767.	0.	0.	0.	7,257.	212,024.	٥.	
EXECUTIVE DIRECTOR-CA (THRU 4/21)	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(11) LAWRENCE RAMOS	(i)	187,566.	0.	0.	12,684.	11,580.	211,830.	٥.	
EXECUTIVE DIRECTOR-CA	(ii)	٥.	0.	0.	0.	0.	0.	0.	
(12) JILL BROWN	(i)	188,371.	0.	0.	12,684.	5,685.	206,740.	0.	
CHIEF HUMAN RESOURCES OFFICER	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(13) REBECCA COOPER	(i)	185,357.	0.	٥.	0.	7,830.	193,187.	0.	
VICE PRESIDENT, PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) DEBORAH MACK	(i)	168,033.	0.	0.	0.	8,048.	176,081.	0.	
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

GREGORY MCKAY RECEIVED SEVERANCE PAY IN THE AMOUNT OF \$197,600.

PART I, LINE 7:

BONUSES ARE PAID AT THE DISCRETION OF THE EXECUTIVE BOARD LEADERSHIP BASED

ON ANNUAL PERFORMANCE.

Schedule J (Form 990) 2020

SCHEDULE L	I	Tra	nsactior	ıs V	Vith	Interested		ersons			01	MB No.	1545-00	47
(Form 990 or 990-EZ)	Complete if	the o				" on Form 990, Pa -EZ, Part V, line 38			6, 27,	28a,		2	02	0
Department of the Treasury Internal Revenue Service		Go to v	•			990 or Form 990-E		est information.				pen T spect		lic
Name of the organizatio	n									-	rident	ificati	on nu	mber
Part I Excess I	CHILDHELP Renefit Trans			<b>11</b> (a)(2	) coot	ion 501(c)(4), and se	otio	501(0)(20) organ			84608			
						art IV, line 25a or 25								
1 (a) Name of disqual			elationship betv	ween o	disqual	ified		escription of tran				(d)	Corre	cted?
			person and or	ganiza	ation	<b>`</b>	(0) D		040110			<u> </u>	es	No
												-		
2 Enter the amount of	of tax incurred by	the or	ganization man	agers	or disc	qualified persons du	ring	the year under						
section 4958 3 Enter the amount of						nanization				► \$ ► \$				
										Ų				
	o and/or Fror													
•	f the organization n amount on Form					, Part V, line 38a or	Form	1 990, Part IV, line	e 26; (	or if th	e orga	nizatio	on	
(a) Name of	(b) Relatio	onship	(c) Purpose	(d) Lo	an to or n the		(1	i) Balance due		In	<b>(h)</b> Ap by bo	proved		/ritten
interested person	with organ	ization	of loan	organi	zation?	principal amount		default?			committee? agree		-	ment?
				To	From				Yes	No	Yes	No	Yes	No
Total	A <sup>1</sup> - 1		- 61		1.0	> \$	6							
	or Assistance		-											
(a) Name of intere	v		<b>b)</b> Relationship interested pers the organiza	betwe son an	en	(c) Amount of assistance		(d) Type assistanc			•	) Purp assista		f
		_	the organiza	alion										
		+												
		_												
		+												

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

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

08490518 131839 038-076851

Schedule L (Form 990 or 990-EZ) 2020 CHILDHELP INC.

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing o	
	person and the organization	transaction	transaction		zation's nues?
				Yes	No
JOHN HOPKINS	FAMILY MEMBER OF SA	243,065.	CHIEF INFOR		X
THE HEBETS COMPANY	JIM HEBETS (BOARD M	751,500.	PAYMENTS FO		x

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN HOPKINS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF SARA O'MEARA, CEO

(D) DESCRIPTION OF TRANSACTION: CHIEF INFORMATION OFFICER SALARY AND

BENEFITS

(A) NAME OF PERSON: THE HEBETS COMPANY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JIM HEBETS (BOARD MEMBER) IS THE FOUNDER AND PRESIDENT OF THE COMPANY

(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR INSURANCE COVERAGE

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

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## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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



Name of the organization

CHILDHELP	TNC
CUTIDUEDL	TINC

Employer identification number

95-2884608

Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	3	48,995.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	12	16,726.	COST			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24		v	100	122 (52)	EMS7			
25	Other ( PROGRAM ITEMS )	X	100	133,652.	F M V			
26 07	Other ()							
27	Other ()							
<u>28</u> 29	Other  () Number of Forms 8283 received by the organia	L zation during	l the tax year for e					
ZJ	for which the organization completed Form 82						0	
		00, i uit i, b	onee / tertre meag				Yes	No
30a	During the year, did the organization receive b	v contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least three years from the date		,,,,,,,,		•			
	exempt purposes for the entire holding period	-				30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31		х
	Does the organization hire or use third parties	-	-	-				
	contributions?		•	· •		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is cheo	ked,			
	describe in Part II.		-					
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule M	(Form	990)	2020

08490518 131839 038-076851

Schedule M (Form 990) 2020	CHILDHELP	INC.
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Page **2** Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 33:

THE ORGANIZATION RECEIVED DONATED MEDICAL EXAMS AND OTHER SERVICES THAT

ARE ELIMINATED FROM 990 REPORTING AS REQUIRED. THE VALUE OF THESE

SERVICES EXCEEDED \$1.5 MILLION.

Schedule M (Form 990) 2020

95-2884608

08490518 131839 038-076851

032142 11-23-20

SCHEDULE O	Supplemental Information to Form 990 or 990	)-EZ	OMB No. 1545-0047
(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.		2020
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	· · · · · · · · · · · · · · · · · · ·		identification number 884608
FORM 990, PART I, I	INE 1, DESCRIPTION OF ORGANIZATION MISSION:		
CHILDHELP EXISTS TO	MEET THE PHYSICAL, EMOTIONAL, EDUCATIONAL AND		
SPIRITUAL NEEDS OF	ABUSED, NEGLECTED AND AT-RISK CHILDREN. WE FOCUS OUR		
EFFORTS ON ADVOCACY	, PREVENTION, TREATMENT AND COMMUNITY OUTREACH.		
FORM 990, PART III,	LINE 4D, OTHER PROGRAM SERVICES:		
ADVOCACY/DIAGNOSTIC	C - CHILDHELP PROVIDES ADVOCACY AND EDUCATION FOR		
ISSUES OF CHILD ABU	SE, NEGLECT AND AT-RISK CHILDREN AND YOUTH.		
CHILDHELP'S ADVOCAC	Y PROGRAMS INCLUDE CHILD ADVOCACY CENTERS, WHICH		
PROVIDE A ONE-STOP	LOCATION FOR INTEGRATED SERVICES FROM LAW		
ENFORCEMENT, COUNTY	SOCIAL SERVICE AGENCIES, PEDIATRICIANS AND		
TRAUMA-FOCUSED MENT	AL HEALTH THERAPISTS. CHILDHELP HAS ADVOCACY CENTERS		
IN ARIZONA AND TENN	ESSEE. IN FISCAL YEAR 2021, THESE ADVOCACY CENTERS		
PROVIDED SERVICES	O OVER 5,790 CHILDREN. EDUCATION SERVICES INCLUDE		
CHILDHELP'S PUBLIC	AWARENESS AND EDUCATION INITIATIVES SUCH AS THE		
CHILDHELP'S SPEAK U	JP BE SAFE VIRTUAL LEARNING PORTAL FOR PERSONAL BODY		
SAFETY PROGRAM.			
EXPENSES \$ 2,727,69	3. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,424,773.		
HOTLINE - CHILDHELE	CONDUCTS A VARIETY OF INITIATIVES DESIGNED TO		
INCREASE PUBLIC AWA	RENESS OF ISSUES RELATED TO CHILD ABUSE AND NEGLECT,		
AS WELL AS TO INCRE	CASE ACCESS TO ACCURATE AND UP-TO-DATE INFORMATION ON		
THIS AND RELATED SU	BJECTS. PUBLIC AWARENESS OUTREACH OCCURS THROUGH		
MULTIPLE COMMUNICAT	TION CHANNELS INCLUDING: CHILDHELP'S WEBSITE		
(WWW.CHILDHELP.ORG)	; SPECIAL EVENTS; PUBLIC SERVICE ANNOUNCEMENTS AND		
· · · · · · · · · · · · ·	TREACH, PROVIDING SPEAKERS FOR COMMUNITY AND	hodulo O (Ec	m 000 or 000 EZ) 0000
	duction Act Notice, see the Instructions for Form 990 or 990-EZ. Sci		m 990 or 990-EZ) 2020

032211 11-20-20 49

2020.05094 CHILDHELP INC.

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization CHILDHELP INC.	Employer identification number 95-2884608
PROFESSIONAL FORUMS, AND PRINT PUBLICATIONS. ANOTHER PROMINENT	
CHILDHELP PROGRAM IS THE CHILDHELP NATIONAL CHILD ABUSE HOTLINE	
(1-800-4-A-CHILD), SERVING OVER 115,780 CALLERS/TEXT EACH YEAR WITH	
ACCESS TO INTERPRETERS IN OVER 170 DIFFERENT LANGUAGES.	
EXPENSES \$ 2,142,126. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,844.	
FORM 990, PART VI, SECTION A, LINE 2:	
JIM AND CAROL HEBETS HAVE A FAMILY RELATIONSHIP.	
JOHN HOPKINS AND SARA O'MEARA HAVE A FAMILY RELATIONSHIP.	
JIM HEBETS HAS A BUSINESS RELATIONSHIP AS HIS COMPANY PROVIDES INSURANCE	
SERVICES TO THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT HAS THE AUTHORITY TO ACT ON	
BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED	
ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS	
REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING. ONCE	
THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO	
THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH	
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ONCE ANNUALLY ALL BOARD MEMBERS AND OFFICERS ARE REQUIRED TO SIGN A BOARD	

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Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	Employer identification number
CHILDHELP INC.	95-2884608
CONFLICT OF INTEREST POLICY DISCLOSING INTERESTS THAT COULD GIVE RISE TO	
CONFLICTS. ACTUAL, POTENTIAL AND/OR PERCEIVED CONFLICTS OF INTEREST MUST	
BE REPORTED IN WRITING AS SOON AS THEY ARISE. THE CHAIR OR SUPERVISOR WILL	
REVIEW, EVALUATE, AND INVESTIGATE AND EITHER RESOLVE THE ACTUAL, POTENTIAL	
OR PERCEIVED CONFLICT AND SO ADVISE IN WRITING, OR BRING THE MATTER TO THE	
COMMITTEE OR DESIGNATED EXECUTIVE COMMITTEE FOR RESOLUTION. THE FINAL	
RESOLUTION WILL BE SUBMITTED IN WRITING AND INCLUDED IN THE COMMITTEE	
MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15:	
HUMAN RESOURCES RESEARCHES COMPENSATION DATA FOR OFFICERS AND KEY EMPLOYEES	
WITH A THIRD PARTY USING COMPARABLE INDUSTRY DATA TO MAKE RECOMMENDATIONS	
TO THE BOARD OF DIRECTORS FOR ANY CHANGES. THE INDEPENDENT MEMBERS OF THE	
BOARD REVIEW THE DATA PROVIDED AND APPROVE THE COMPENSATION PACKAGES FOR	
THE UPCOMING CALENDAR YEAR. CONTEMPORANEOUS BOARD MINUTES ARE KEPT THAT	
DOCUMENT THE PROCESS AND DECISIONS. THE PROCESS WAS COMPLETED IN 2021 FOR	
THE CURRENT REPORTING YEAR.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MO, MS, MT, NH, NJ, NM, NV	
NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE. THESE DOCUMENTS	
ALONG WITH THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE	
ALSO AVAILABLE UPON REQUEST.	

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization CHILDHELP INC.		Employer ide 95-288	Page : ntification number 4608
CHANGE IN VALUE OF ASSETS HELD IN TRUST	413 065		
PROVISION FOR DOUBTFUL ACCOUNTS			
SETTLEMENT GAIN			
CHANGE IN 457B PLAN ASSETS			
GAIN ON INSURANCE SETTLEMENT			
TOTAL TO FORM 990, PART XI, LINE 9	1,003,905.		
FORM 990, PART XII, LINE 2C, PAGE 12			
THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT PRO	CESS OR THE		
SELECTION PROCESS DURING THE TAX YEAR.			
032212 11-20-20	50	Schedule O (Form 9	90 or 990-EZ) 2020
90518 131839 038-076851 2	52 020.05094 CHILDH	ELP INC.	038-0

032161 10-28-20 LHA

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

#### Name of the organization

CHILDHELP INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	
of disregarded entity		foreign country)			entity
CHILDHELP ARIZONA LLC					
6730 N SCOTTSDALE ROAD, SUITE 150	SUPPORT THE ACTIVITIES OF				
SCOTTSDALE, AZ 85253	CHILDHELP, INC	ARIZONA	0.	٥.	CHILDHELP, INC.
	]				1

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	domicile (state or Exempt Code		<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE CHILDHELP LIFELINE EMPOWERMENT TRUST -							
86-0782825, 6730 NORTH SCOTTSDALE RD, SUITE	SUPPORT THE ACTIVITIES OF						
150, SCOTTSDALE, AZ 85253	CHILDHELP, INC.	ARIZONA	501(C)(3)	LINE 12A	CHILDHELP, INC.	x	
CHILDHELP FOUNDATION - 95-4642688							
6730 NORTH SCOTTSDALE RD, SUITE 150	SUPPORT THE ACTIVITIES OF						
SCOTTSDALE, AZ 85253	CHILDHELP, INC.	CALIFORNIA	501(C)(3)	LINE 12A	CHILDHELP, INC.	x	
	_						
	-						
	_						

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

Schedule R (Form 990) 2020

SCHEDULE R

Department of the Treasury Internal Revenue Service

(Form 990)

2020 Open to Public

95-2884608

Employer identification number

Open to Public Inspection

# Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	······································	,							1														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)													
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity		ant income Share of total income income income	Share of total Sha income end-c	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total Share of end-of-yr	Predominant income Share of total (related, unrelated, income excluded from tax under	ated, income share of total	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	I or Percentage <sup>ing</sup> ownership			
		country)		sections 512-514)		455615				No	K-1 (Form 1065)	Yes	lo										
										+													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
	]								
	1								
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
Sharing of paid employees with related organization(s)	-	X	+
Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

### Schedule R (Form 990) 2020 CHILDHELP INC.

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

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

(a)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	ı)	(i)	(j	)	(k)					
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage					
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership					
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO						
												-						
	_																	
												_						

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

032165 10-28-20

Schedule R (Form 990) 2020

## **CARRYOVER DATA TO 2021**

Name CHILDHELP INC.	Employer Identification Number 95–2884608
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL PRE-2018 NET OPERATING LOSS	30,821.
	· ·

Form 8879-EO	IRS e-file Signature for an Exempt O	Authorization		OMB No. 1545-0047
Form COTO LO	For calendar year 2020, cr fiscal year beginningJUL_1		20 21	0000
Department of the Treasury	Do not send to the IRS. Ke			2020
Internal Revenue Service	Go to www.irs.gov/Form8879EC	) for the latest information.		
Name of exempt organization o	r person subject to tax		Taxpayer identit	fication number
CHILDHELP INC.			95-288460	18
Name and title of officer or pers	son subject to tax			
SARA O'MEARA				
CEO				
	eturn and Return Information (Whole Dolla			
check the box on line 1a, 2a blank, then leave line 1b, 2b	n for which you are using this Form 8879-EO and enter a, 3a, 4a, 5a, 6a, or 7a below, and the amount on tha o, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, bland applicable line below. Do not complete more than o	at line for the return being filed wit k (do not enter -0-). But, if you ent ne line in Part I.	th this form was ered -0- on the	
1a Form 990 check here		/III, column (A), line 12)	1b	48,183,793.
2a Form 990-EZ check he	re <b>b</b> Total revenue, if any (Form 990-EZ	Z, line 9)	2b	
3a Form 1120-POL check	·	⇒ 22)	3b	
4a Form 990-PF check he 5a Form 8868 check here	,	(Form 990-PF, Part VI, line 5)	4b	*
6a Form 990-T check here	bBalance due (Form 8868, line 3c)bTotal tax (Form 990-T, Part III, line	<i>A</i> )		
7a Form 4720 check here	b Total tax (Form 4720, Part III, line			
	on and Signature Authorization of Office	r or Person Subject to Ta	X	
Under penalties of perjury, I	declare that X I am an officer of the above organi			
name of organization)		, (EIN)	and that I	have examined a co
settlement) date. I also auth confidential information nec	ne U.S. Treasury Financial Agent at 1-888-353-4537 n orize the financial institutions involved in the process essary to answer inquiries and resolve issues related is my signature for the electronic return and, if applica	sing of the electronic payment of t	taxes to receive	
X Lauthorize CLIF	FONLARSONALLEN LLP		to enter my PIN	76851
	ERO firm name		to enter my Fin	Enter five numbers, bu
				do not enter all zeros
a state agency(ies	n the tax year 2020 electronically filed return. If I have ) regulating charities as part of the IRS Fed/State pro s disclosure consent screen.	indicated within this return that a gram, I also authorize the aforem	a copy of the retur entioned ERO to e	m is being filed with enter my
electronically filed	rson subject to tax with respect to the organization, I return. If I have indicated within this return that a cop s as part of the IRS Fed/State program, I will enter my	by of the return is being filed with	a state agency(ies	2020 s)
Signature of officer or person subject to Part III Certificati	on and Authentication		Date 🕨	5-16-22
RO's EFIN/PIN. Enter your	r six-digit electronic filing identification			
umber (EFIN) followed by ye	our five-digit self-selected PIN.	86889112345 Do not enter all zeros		
certify that the above nume hat I am submitting this retu RS <i>e-file</i> Providers for Busir	ric entry is my PIN, which is my signature on the 202 Irn in accordance with the requirements of <b>Pub. 416</b> Iess Returns.	0 electronically filed return indica	ted above. I confir	m ed
RO's signature 🕨 MELISSA	HANGSLEBEN	Date Date 05/0	09/22	
	ERO Must Retain This Form Do Not Submit This Form to the IRS		So	
HA For Paperwork Reduc	ction Act Notice, see instructions.		Forr	m 8879-EO (2020)
23051 11-03-20				