Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Internal Revenue Service

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

<u>A</u>	For the	2018 calendar year, or tax year beginning and e	ending	•	
	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	SPECIAL CHILDREN'S CHARITIES			
	Name change Initial	Doing business as			026774
L	return	,	Room/suite	E Telephone numbe	
	Final return/ termin		2M		527-3743
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,400,228.
L	Amend return Applic	CHICAGO, IL 00003		H(a) Is this a group re	
	tion pendin	F Name and address of principal officer: FIATITIEW O SILEA		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	r 527	1	list. (see instructions)
		e: WWW.SOCHICAGO.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 1969	M State of legal domicile: IL
	art I	Summary	ОМОПЕ	EOCMED 31	MTD
ø	1	Briefly describe the organization's mission or most significant activities: ${ t TO t PF}$	COMOTE	, FOSIEK, A	אס אוט. אס
Governance					
ēr	2	Check this box (if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)			26
é	3				26
		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a)			7
ties	5 6				10000
Activities &	72	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	'a	Net unrelated business taxable income from Form 990-T, line 38			0.
_	<u> </u>	Not diffolded business taxable moone from 1 only 500 1; fine 50		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,844,557.	2,589,939.
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,776.	42,275.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-389,667.	18,624.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,482,666.	2,650,838.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	242,987.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		139,753.	266,303.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e e	b	Total fundraising expenses (Part IX, column (D), line 25) 373,66	1.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,904,312.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,044,065.	2,180,697.
		Revenue less expenses. Subtract line 18 from line 12		438,601.	470,141.
Net Assets or	9		Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		2,726,055.	3,566,165.
at A	21	Total liabilities (Part X, line 26)		164,600.	473,477.
	∃ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,561,455.	3,092,688.
		-			. Imposite dans and halist it is
		lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi			/ knowledge and belief, it is
tiue	, сопес	t, and complete. Declaration of preparet (other than officer) is based on all information of will	cii preparei	lias ally kilowieuge.	
Sig	ın	Signature of officer		Date	
Hei		TERRENCE MULDOON, TREASURER			
110		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JESSICA FREIBURG JESSICA FREIBURG	1	1/11/19 if self-employ	P00629387
	parer	Firm's name ► SASSETTI LLC	<u></u>	Firm's EIN ▶	36-2239746
	Only	Firm's address 6611 NORTH AVENUE			<u>-</u>
_		OAK PARK, IL 60302		Phone no. (7	08) 386-1433
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	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>
1	Briefly describe the organization's mission:	
	SPECIAL CHILDREN'S CHARITIES, THE FUNDRAISING ARM OF SPECIAL OLY	MPICS
	CHICAGO, MISSION IS TO PROVIDE YEAR-ROUND ATHLETIC SPORTS TRAINI	NG AND
	ATHLETIC COMPETITION FOR CHILDREN AND ADULTS IN CHICAGO WITH	
	INTELLECTUAL AND DEVELOPMENT DISABILITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	noncoc
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	=
		nises, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$1,538,789 . including grants of \$242,987 .) (Revenue \$)	
4a	(Code:)(Expenses \$1,538,789. including grants of \$242,987.) (Revenue \$IN COOPERATION WITH THE CHICAGO PARK DISTRICT SPECIAL RECREATION	,
	PROGRAM AND THE CHICAGO PUBLIC SCHOOLS, SPEICAL CHILDREN'S CHARI	
	PROVIDES FUNDING FOR THE YEAR-ROUND SPORTS TRAINING, RECREATIONA	
	SOCIAL PROGRAMS ADMINISTRATED BY THE CHICAGO PARK DISTRICT FOR T	
	CHILDREN AND ADULTS OF SPECIAL OLYMPICS CHICAGO.	пь
	CHILDREN AND ADOLIS OF SPECIAL OLIMPICS CHICAGO.	
	·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,538,789.	
		Form 990 (2018)

Form 990 (2018) SPECIAL CHILDREN'S CHARITIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	_X_	_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		X
20a	complete Schedule G, Part III	20a		X
zua b	reme as a second of the second	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
4 I		21	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u> </u>	47	

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Form 990 (2018) SPECIAL CHILDREN'S CHARITIES

Part 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	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
0 2	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
33	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-		38	Х	
Pai	Note. All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
-			000	(2010)

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Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х

Form **990** (2018)

X

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

SPECIAL CHILDREN'S CHARITIES Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	2	6		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or 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 99					Х
5	Did the organization become aware during the year of a significant diversion of the organization's asso					Х
6	Did the organization have members or stockholders?					Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	•		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?		·	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	,	· ·	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			.		
·	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code)	. , .	I	
	(This occuping reguests information about policies not required by the internal net	renae	<u> </u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.					
		•	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ü			
12a	Pill the state of			12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			_		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c		
13	Did the organization have a written whistleblower policy?			40		Х
14	Did the organization have a written document retention and destruction policy?					Х
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization				X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-	T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	MARYBETH CARLSON - 312-527-3743					
	2 EAST 8TH ST, SUITE 2M, CHICAGO, IL 60605					

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

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

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

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ıl trus		ee/	m pen		(44-2/1099-141130)		and related
	below	dual t	Institutional trustee	_	Key employee	st co	-E			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) MATT O'SHEA	15.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) CAROLYN DALEY SCOTT	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) TERRENCE MULDOON	10.00									
TREASURER		Х		Х				0.	0.	0.
(4) JENNIFER KRAMER	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) KEVIN MAGNUSON	5.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(6) MIKE ANDOLINA	1.00									_
DIRECTOR		Х						0.	0.	0.
(7) RAY BAKER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SARAH BURKE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) COLLEEN DOHERTY	1.00									
DIRECTOR		Х						0.	0.	0.
(10) HAROLD GAUTHIER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) NIALL HARDIMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MARCIE HARRISON	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) CASEY HOGAN	1.00									_
DIRECTOR		Х						0.	0.	0.
(14) STEVE JANISZEWSKI	1.00									_
DIRECTOR		Х						0.	0.	0.
(15) BRENDA MCHUGH	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(16) JAMES MONTANA	1.00									_
DIRECTOR	1 00	Х			_	_		0.	0.	0.
(17) SHEILA O'CALLAGHAN	1.00									^
DIRECTOR	<u> </u>	X						0.	0.	<u> </u>

832007 12-31-18

D-13/4		. ~	ŭ				_~		20 ,020	,, <u> </u>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloye	ees,	and	ΙΗiς	ghes	t Co	empensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box,	not cl	ss per	more son is	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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)	compensation from the organization and related organizations
(18) JUAN OCHOA	1.00									
DIRECTOR		Х						0.	0.	0.
(19) MIKE ROSSMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(20) SMITA SHAH	1.00									
DIRECTOR		X						0.	0.	0.
(21) JAMES SHEAHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(22) MICHAEL SHEAHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) JOE SVACHULA	1.00									_
DIRECTOR		Х						0.	0.	0.
(24) SAUL LOPEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(25) TOM GRAY	1.00									
DIRECTOR		Х						0.	0.	0.
(26) MATTHEW CANNA	1.00									_
DIRECTOR		Х						0.	0.	0.
1b Sub-total							>	0.	0.	0.
c Total from continuation sheets to Part VI	I, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	0

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on		
	line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		
	rendered to the organization? If "Yes," complete Schedule J for such person	5	X
-			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization: rieport compensation for the calcinating year ending with or within	in the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
JOSEPH NAGLE	MANAGEMENT	
2 E 8TH STREET, CHICAGO, IL 60605	CONSULTING SERVICES	108,277.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

		Check if Schedule O conta	ains a response o	r note to anv lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					312 311
ant	. u	Membership dues						
G. Jou	6	Fundraising events		715,733.				
fts, r Ai	4	Related organizations		1377331				
, Gi	u 2	Government grants (contributi	ons) 1e 2	250,000.				
Sin	•	All other contributions, gifts, grant	· —	30,000.				
utic	'	similar amounts not included above		524,206.				
rib Ott	_							
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines			2,589,939.			
OB	- "	Total. Add lines 1a-1f		Business Code				
_	0 -		T	business Code				
ice	2 a							
erv ue	b							
n S	С.							
araı Rev	d							
Program Service Revenue	e							
ъ	•	All other program service reve	_					
		Total. Add lines 2a-2f						
	3	Investment income (including			35,879.			25 070
		other similar amounts)			33,013.			35,879.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		6,396.				
	b	Less: cost or other basis		0				
		and sales expenses		0.				
		Gain or (loss)		6,396.				6 206
		Net gain or (loss)		····· <u> </u>	6,396.			6,396.
Other Revenue	8 a	Gross income from fundraising including \$1,715,7	33. of					
3ev		contributions reported on line	·	740 200				
er	_	Part IV, line 18		749,390.				
ਰ		Less: direct expenses		749,390.	0			
-		Net income or (loss) from fund	-	<u></u>	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses	_					
		Net income or (loss) from gam	-	>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
		Miscellaneous Revenue	e E	Business Code				10 604
		MISCELLANEOUS		900099	18,624.			18,624.
	b							
	c	A.II II						
		All other revenue			10 604			
		Total. Add lines 11a-11d			18,624.	^	^	60 900
	12	Total revenue. See instructions			2,650,838.	0.	0.	60,899.

Form 990 (2018) SPECIAL CHILDREN'S CHARITIES Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	177,614.	177,614.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	65,373.	65,373.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	266,303.	127,203.	34,096.	105,004.
7	Other salaries and wages	400,303.	141,403.	34,030•	103,004.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	• • • • • • • • • • • • • • • • • • • •	10.101		10.101	
b	<u> </u>	18,104.		18,104.	
С	Accounting	8,750.		8,750.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` "	270 124	F0 F07	04 205	121 200
	column (A) amount, list line 11g expenses on Sch O.)	278,124.	52,527.	94,295.	131,302.
12	Advertising and promotion	89,590. 41,112.	35,893. 16,414.	3,560.	50,137.
13	Office expenses	41,112.	10,414.	13,457.	11,241.
14	Information technology				
15	Royalties	23,964.	14,006.	7,124.	2,834.
16	Occupancy	285,571.	285,237.	7,124.	334.
17	Travel	203,371.	203,231.		334.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	46.454	10.100	4	4
22	Depreciation, depletion, and amortization	46,058.	10,180.	17,939.	17,939.
23	Insurance	6,739.		6,574.	165.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) TRANSPORTATION	167,707.	161,544.	4,074.	2,089.
a	APPAREL AND UNIFORMS	152,376.	150,449.	76.	1,851.
b	FACILITY AND EQUIPMENT	148,373.	147,173.	70.	1,200.
q	MEALS AND ENTERTAINMENT	126,373.	110,953.	1,316.	14,120.
d	All other expenses SEE SCH O	278,550.	184,223.	58,882.	35,445.
	Total functional expenses. Add lines 1 through 24e	2,180,697.	1,538,789.	268,247.	373,661.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,100,0010	1,550,705	200,211	373,001
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TOHOWING SOF 30-2 (MSG 330-120)				Form 990 (2018)

Form 990 (2018)
Part X | Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,158,861.	1	1,676,045
;	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			145,637.	4	614,653
	5	Loans and other receivables from current and for			, , , , , , , , , , , , , , , , , , , ,		
	•	trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
				6			
ets .	_	employees' beneficiary organizations (see instr).		7			
9	7	Notes and loans receivable, net				8	
` '	8	Inventories for sale or use			268,561.	9	50,902
	9				200,301.	9	30,902
יי ו	υa	Land, buildings, and equipment: cost or other	1,0	244 562			
		basis. Complete Part VI of Schedule D		244,563.	62 052		157 222
		Less: accumulated depreciation		<u>, </u>	63,953.	10c	157,322 1,067,243
1		Investments - publicly traded securities			1,000,295.	11	1,007,243
12		Investments - other securities. See Part IV, line				12	
1:		Investments - program-related. See Part IV, line	1		13		
14	4	Intangible assets	0.540	14			
1	5	Other assets. See Part IV, line 11			2,748.	15	0
10	6	Total assets. Add lines 1 through 15 (must equ			2,726,055.	16	3,566,165
1	7	Accounts payable and accrued expenses	111,753.	17	321,748		
18	8	Grants payable			18		
19	9	Deferred revenue			52,847.	19	151,729
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
ဖ္တ 2	2	Loans and other payables to current and former					
<u>≅</u>		key employees, highest compensated employee	es, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
コ 2:	3	Secured mortgages and notes payable to unrela				23	
2	4	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
2	5	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
20	6	Total liabilities. Add lines 17 through 25			164,600.	26	473,477
		Organizations that follow SFAS 117 (ASC 958	3), check	here X and			
ပ္သ		complete lines 27 through 29, and lines 33 ar	nd 34.				
ဦ 2	7	Unrestricted net assets			2,561,455.	27	3,092,688
를 2	8	Temporarily restricted net assets				28	
<u>6</u> 2	9					29	
.Š		Organizations that do not follow SFAS 117 (A	SC 958)	, check here			
<u>ا</u> م		and complete lines 30 through 34.	•				
र्घ 30	0	Capital stock or trust principal, or current funds				30	
SS 3		Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances & company of the Assets or Fund Balances & company of the Assets or Fund Balances & company of the Assets or Fund Balances		Retained earnings, endowment, accumulated in				32	
ğ 3		Total net assets or fund balances			2,561,455.	33	3,092,688
	4	Total liabilities and net assets/fund balances			2,726,055.	34	3,566,165

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,65</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,18	0,6	<u>97.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		47	0,1	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	<u>,56</u>	1,4	<u>55.</u>
5	Net unrealized gains (losses) on investments	5		-6	6,8	76.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		12	7,9	68.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	,09	2,6	88.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			1
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	. [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPECIAL CHILDREN'S CHARTTIES

Employer identification number 23-7026774

Pa	rt I	Reason for Public C		All organizations must co		is part) Se	e instructions	3 1020114
							inotractions.	
	organi ——	zation is not a private found					W A Ves	
1	\square	A church, convention of chu	•)(A)(i).	
2	Н	A school described in secti		·			-	
3	Щ	A hospital or a cooperative					•	
4	Ш	A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, ar	nd gross receipts from
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, si	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	•			_		
		organization. You must c			, ,			
b		Type II. A supporting orga	-		tion with its	s supporte	d organization(s), by hav	/ing
		control or management of	•					-
		organization(s). You mus					3	
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.
		its supported organization					• •	,
d		Type III non-functionally						zation(s)
		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	* *
		requirement (see instructi	-		•		='	
е		Check this box if the orga	•	-				
		functionally integrated, or					31 · 31 · 31 ·	
f	Ente	r the number of supported o	* *	, 5	3 3			
g		ride the following information	•	d organization(s).				
) Name of supported	(ii) EIN	(iii) Type of organization		nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					<u> </u>			
	_							

09551115 707170 6973

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

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	1627021.	2209351.	2279349.	2968906.	3339328.	12423955.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1627021.	2209351.	2279349.	2968906.	3339328.	12423955.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						12423955.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1627021.	2209351.	2279349.	2968906.	3339328.	12423955.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2.	7,423.	21,051.	27,776.	35,879.	92,131.
9	Net income from unrelated business		-		-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					18,624.	18,624.
11	Total support. Add lines 7 through 10						12534710.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	99.12 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	99.47 %
	33 1/3% support test - 2018. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how th	е
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization						s
			<u></u>				or 990-EZ) 2018

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.)

Section A. Public Support	,					
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						-
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		T -	T -	Т.	Τ .	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						<u> </u>
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here	o .	•	, ,	•	()()	,
Section C. Computation of Public						
15 Public support percentage for 2018 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and see ins	etructions	▶

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
401		
10b	N E71	

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided? 2 Were any of the organization or the source of the supported organiz	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h				
	~		3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must cor			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting orga	ınization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Ty	pe III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Dist	ributions			Current Year
1	Amounts p	aid to supported organizations to accomplish exer	mpt purposes		
2	Amounts p	aid to perform activity that directly furthers exemp	t purposes of supported		
	organizatio	ns, in excess of income from activity			
3	Administra	tive expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts p	aid to acquire exempt-use assets			
5	Qualified so	et-aside amounts (prior IRS approval required)			
6	Other distr	butions (describe in Part VI). See instructions.			
7	Total annu	al distributions. Add lines 1 through 6.			
8	Distribution	ns to attentive supported organizations to which th	e organization is responsive		
		etails in Part VI). See instructions.			
9	"	le amount for 2018 from Section C, line 6			
		unt divided by line 9 amount			
		ribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
				110 2010	Amount for 2010
1	Distributab	le amount for 2018 from Section C, line 6			
2	Underdistri	butions, if any, for years prior to 2018 (reason-			
	able cause	required- explain in Part VI). See instructions.			
3	Excess dis	tributions carryover, if any, to 2018			
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lin	es 3a through e			
g	Applied to	underdistributions of prior years			
h	Applied to	2018 distributable amount			
i	Carryover f	rom 2013 not applied (see instructions)			
j	Remainder	. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribution	ns for 2018 from Section D,			
	line 7:	\$			
а	Applied to	underdistributions of prior years			
b	Applied to	2018 distributable amount			
С	Remainder	. Subtract lines 4a and 4b from 4.			
		underdistributions for years prior to 2018, if			
	_	act lines 3g and 4a from line 2. For result greater			
	•	explain in Part VI. See instructions.			
6		underdistributions for 2018. Subtract lines 3h			
	and 4b from	m line 1. For result greater than zero, explain in			
	Part VI. Se	e instructions.			
7		stributions carryover to 2019. Add lines 3j			
	and 4c.	,			
8	Breakdowr	of line 7:			
	Excess from				
	Excess from				
	Excess from				
	Excess from				
	Excess from				
	_//0000 1101	= 0 . 0			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SPECIAL CHILDREN'S CHARITIES

Employer identification number 23-7026774

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements during the year
-	Assessment of assessment in assessment in assessment in a second contract in a second contrac		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	continue the requirements of acction 170/h)	(4)(D)(:)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
3	include, if applicable, the text of the footnote to the organization	·	•
	conservation easements.	non 3 intanolal statements that describes th	e organization s accounting for
Par		f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exl		· ·
	the text of the footnote to its financial statements that descri		, , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	• •	
	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 tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

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

		CHILDREN.						-70267		
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other 9	Similar As	sets _{(con}	tinuea)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	are a sign	ificant use o	f its collection	n iten	าร
	(check all that apply):									
а	Public exhibition	(Loan or exc	hange progra	ms				
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further th	ie organizatioi	n's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of t	he orgar	nization's co	llection?			Yes		No
Pai	rt IV Escrow and Custodial Arrang							rt IV, line 9,	or	
	reported an amount on Form 990, Par									
	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contributions	s or other ass	ets not ind	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	, ,	•	Ü					Amou	ınt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			Ē	
	rt V Endowment Funds. Complete it									
		(a) Current year		Prior year	(c) Two years		I) Three years	back (e) Fo	ur yeai	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1	a. column (a)) held as:	•				
а	Board designated or quasi-endowment	•		3 , (,	,					
b	Permanent endowment									
	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administere	ed for the	organization			
	by:	3					3		Yes	No
	(i) unrelated organizations							3a(i		
	700									
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	d "Yes" on Form 990	D, Part I\	/, line 11a. S	ee Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or o		r e	or other		umulated	(d) Bo	ok va	lue
	1 667	basis (investi			(other)		eciation	(=, =)		
1a	Land									
b	Buildings	I								
c	Leasehold improvements			19	5,579.	ļ	52,025.	. 1	43,	554.
	Equipment	I		1	0,649.		6,881.			768.
	Oth				8 335		28 335	1	- 1	0

Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018 SPECIAL CHI Part VII Investments - Other Securities.	LDREN'S CHARL	TIES	23	-7026774 Page
Complete if the organization answered "Yes"				d = 6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Va	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	•	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	d-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"	Description	11d. See Form 990, I	Part X, line 15.	(b) Book value
, , ,	Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(5) (6)				
(0) (7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	0.15)			
Part X Other Liabilities.	- 13.j			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)	1			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audicted financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2	Pai	rt XI Reconciliation of Revenue per Audited Finan	cial Statements With	Revenue per Re	turn.	
a Net unrealized gains (losses) on investments a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25; a Untract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25; a Donated services and use of facilities 2 a 136, 290. b Prior year adjustments 2 b		Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.			
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 25: a Donated services and use of facilities Deriv year adjustments Complete in Part XIII.) 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Subtract line 2e from line 1 A Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIII.)	1	Total revenue, gains, and other support per audited financial state	ments		1	2,705,697.
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Describe in Part XIII.) 2 Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Describe in Part XIII.) 2 Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V	а			-66,876.		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 1 Total expenses and losses per audited financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Prart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIII.) 2e 3 Supplemental Information.	b			136,290.		
Provide the descriptions required for Part VIII. Part	С					
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Total revenue and losses per audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV.	d	Other (Describe in Part XIII.)	2d			60 444
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services	е				2e	69,414. 2,636,283.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Deprior year adjustments Cother losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part IV, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIIII Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIIII	3				3	2,636,283.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 A Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XIII.	4		1 1	14 555		
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V	а			14,555.		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V.						14 555
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par	<u>t I, line 12.) </u>	Evnences ner E		<u> </u>
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a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V					1	2,302,432.
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V			00	136 200		
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V	_			130,290.		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X						
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3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X		,			20	136,290.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X						2,166,142.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X						2/100/1120
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	_	· · · · · · · · · · · · · · · · · · ·	1 1	14.555.		
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X						
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V		A 1.11: 4			4c	14,555.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part V						2,180,697.
	Pa	rt XIII Supplemental Information.	art i, iirio 10.,			
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	es 1a and 4; Part IV, lines 1b	and 2b; Part V, line 4	; Part X	ر, line 2; Part XI,

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SPECIAL CHILDREN'S CHARITIES

Employer identification number

SPECIAL	CUITDKEN 2 CHARII	тго			23-7020	//4
Part I Fundraising Activities. required to complete this par	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Schedule G (Form 9	90 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 SPECIAL CHILDREN'S CHARITIES 23-7026774 Page 2 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 50TH (add col. (a) through POLAR PLUNGEANNIVERSARY col. (c)) (event type) (event type) (total number) 1,756,658. 383,575. 324,890. 2,465,123. 1 Gross receipts 1,213,522. 219,351. 1,715,733. 2 Less: Contributions 282,860. 100,715. 105,539. Gross income (line 1 minus line 2) 543,136. 749,390. 4 Cash prizes 7,640. 2,796. 5 Noncash prizes 10,436. Direct Expenses 134,613. 26,347. 160,960. 6 Rent/facility costs 2,996. 6,426. 324. 9,746. 7 Food and beverages 3,350. 20,000. 4,225 27,575. 8 Entertainment 394,537. 65,745. 540,673. Other direct expenses 749,390. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **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: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 SPECIAL CHILDREN S CHARITIES	23-7026774 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	oras:
.	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the ar	mount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
on 1665, since that address of the time party.	
Nama 🏲	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	nt in the
organization's own exempt activities during the tax year > \$	11 11 110
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and ((v): and Part III lines 0 0h 10h
	(v), and Part III, lines 9, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	_

Schedule G	G (Form 990 or 990-EZ)	SPECIAL	CHILDREN'S	CHARITIES	23-7026774	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (contin	nued)			
	•••	(COTILII	ideaj			
_						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization SPECIAL O	CHILDREN'S	CHARITIES					Employer identification number $23-7026774$
Part I General Information on Grants							
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's presented. 	stance?						on X Yes No
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHICAGO PARK DISTRICT 541 N FAIRBANKS CT							
CHICAGO, IL 60611	36-6005822		177,614.	0.			GRANT
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			e line 1 table				>

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RANT	45	65,373.	0.		
		33,373.			
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
GRANT AMOUNTS ARE CALCULATED IN TH	E YEAR FO	LLOWING TH	HE AWARD YE	AR TO	
SUBSTANTIATE THE GRANT AMOUNT.					

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

SPECIAL CHILDREN'S CHARITIES

Employer identification number 23-7026774

BIECIAE CHIEDREN S CHARTITES	15 /020//4
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	1 :
ADULTS IN CHICAGO WITH INTELLECTUAL AND DEVELOPMENT DISABILIT	ries.
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS	FOR REVIEW.
QUESTIONS OR CONCERNS ARE ADDRESSED BEFORE THE FORM 990 IS FI	[LED.
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE, WITH ADVISEMENT FROM THE BOARD OF DI	IRECTORS,
DETERMINTES THE SALARY OF THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC ON
ITS WEBSITE. THE ORGANIZATION DID NOT HAVE A CONFLICT OF INTE	REST POLICY
DURING 2018.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	52,527.
MANAGEMENT AND GENERAL EXPENSES	94,295.
FUNDRAISING EXPENSES	131,302.
TOTAL EXPENSES	278,124.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	278,124.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
SUPPLIES:	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 0	O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization SPECIAL CHILDREN'S CHARITIES	Employer identification number 23-7026774
PROGRAM SERVICE EXPENSES	100,370.
MANAGEMENT AND GENERAL EXPENSES	1,169.
FUNDRAISING EXPENSES	7,485.
TOTAL EXPENSES	109,024.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	36,732.
MANAGEMENT AND GENERAL EXPENSES	29,415.
FUNDRAISING EXPENSES	8,316.
TOTAL EXPENSES	74,463.
ATHLETE AND COMMUNITY ENGAGEMENT:	
PROGRAM SERVICE EXPENSES	23,103.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,184.
TOTAL EXPENSES	24,287.
PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	18,074.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,998.
TOTAL EXPENSES	21,072.
UTILITIES, TELEPHONE, & INTERNET:	
PROGRAM SERVICE EXPENSES	4,359.
MANAGEMENT AND GENERAL EXPENSES	5,996.
FUNDRAISING EXPENSES	7,719.
TOTAL EXPENSES 832212 10-10-18	18,074. Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization SPECIAL CHILDREN'S CHARITIES	Employer identification number 23-7026774
INVESTMENT FEES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	14,555.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,555.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	1,325.
MANAGEMENT AND GENERAL EXPENSES	282.
FUNDRAISING EXPENSES	7,079.
TOTAL EXPENSES	8,686.
BOARD COSTS:	
PROGRAM SERVICE EXPENSES	260.
MANAGEMENT AND GENERAL EXPENSES	7,465.
FUNDRAISING EXPENSES	664.
TOTAL EXPENSES	8,389.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	278,550.

	Fa:: 0#	fice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUA	REPORT	Form AG990-II
	PMT	•	Attorney General LISA MADIGAN State of II		Revised 3/09
		. "	Charitable Trust Bureau, 100 West Rando		# 01005707
			11th Floor, Chicago, Illinois 60601		Check all items attached:
	AMT	Γ	Report for the Fiscal Period:	X	17
			Basissis 04 (04 (004 0	Make Checks X	
			Beginning <u>01/01/2018</u>	Payable to the Illinois	Copy of Form IFC
	INIT		& Ending 12/31/2018	Charity	
	Eadar	ral ID # 23-7026774	MO DAY YR	Bureau Fund	\$100.00 Late Report Filing Fee MO DAY YR
		ontributions to the organization		Organization was create	
ĺ	AI C C	LEGAL	tax doddothile:	Year-end	00/11/1909
			HILDREN'S CHARITIES	amounts	
		MAIL		A) ASSETS	A) \$ 3,566,165.
		DDRESS 2 E. 8TH		B) LIABILITIES	B) \$ 473,477.
		Y, STATE CHICAGO,	IL	C) NET ASSETS	C) \$ 3,092,688.
		IP CODE 60605	DEVENUE ITEMS DUDING THE VEAD.	DEDOCATAGE	AMOUNT
	I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE 90.857%	AMOUNT D) \$ 3,089,329.
		E) GOVERNMENT GRANTS	TRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	7.352%	E) \$ 250,000.
		F) OTHER REVENUES	& WEIVIDENSHIP DUES	1.791%	F) \$ 60,899.
		I) OTHER REVENUES		 	007033
		G) TOTAL REVENUE, INCOM	IE AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 3,400,228.
	II.		EXPENDITURES DURING THE YEAR:		
		H) OPERATING CHARITABL	E PROGRAM EXPENSE	44.224%	H) \$ 1,295,802.
		I) EDUCATION PROGRAM S	SERVICE EXPENSE	%	l) \$
		I) TOTAL QUADITADI E DD	OODAM OFFINIOE (APP II & IV	44.224%	J) \$ 1,295,802.
		J) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENSE (ADD H & I)	44.224%	J) \$ 1,295,802.
		.l1) JOINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDED IN J):		
		0.)	<u> </u>		
		K) GRANTS TO OTHER CHA	RITABLE ORGANIZATIONS	8.293%	к) \$ 242,987.
		L) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENDITURE (ADD J & K)	52.517%	L) \$ 1,538,789.
				0.455	0.60 0.45
		M) MANAGEMENT AND GEN	ERAL EXPENSE	9.155%	M)\$ 268,247.
		N) FUNDDAIGING EVDENGE		38.328%	N) \$ 1,123,050.
		N) FUNDRAISING EXPENSE		30.320%	N) \$ 1,123,050.
		0) TOTAL EXPENDITURES 1	HIS PERIOD (ADD L, M, & N)	100 %	$ _{0)}$ \$ 2,930,086.
	1111	•	PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
	····		ort of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
		PROFESSIONAL FUNDRAISE	<u>RS</u> ;		
		P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.

R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

898091 04-01-18

PROFESSIONAL FUNDRAISING CONSULTANTS;
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

78,795. T) NAME, TITLE: PAMELA MUNIZZI T) \$ 54,808. U) NAME, TITLE: JULIA JAMIESON U) \$ 47,847. V) NAME, TITLE: NATHALIE HILL V) \$

Q) \$

R) \$

S) \$

List on back side of instructions

0.

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

CODE W) DESCRIPTION: FUND SPECIAL OLYMPICS 122 W)# X) DESCRIPTION: X) # Y) # Y) DESCRIPTION:

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO		
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х		
2	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY					
۷.	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	ا ہ		Х		
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Λ		
_						
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,					
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,					
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE					
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE					
	THE CONTRACT OF THE CHITCHING CONTRACT	4.		Х		
	THAN 10% OF THE OUTSTANDING SHARES?	~ ' l				
_	IO ANN PROPERTY OF THE ORGANIZATION HELD IN THE MAME OF OR COMMUNICHED MUTH THE PROPERTY OF ANN OTHER REPOON					
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON	ŀ		77		
	OR ORGANIZATION?	5.		X		
		- 1				
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS					
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х		
		· · ·				
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT					
70.						
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND					
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$					
		_ }		37		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х		
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR	ļ				
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X		
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,					
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х		
		[
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS					
11.						
	THREE LARGEST ACCOUNTS:					
	DANIZ OR AMEDICA					
	BANK OF AMERICA					
	VEDETI I I DIGIT					
	MERRILL LYNCH					
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MARYBETH CARLSON - 312-527-3743					
ALL	ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS					

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

IATTHEW (). SHEV
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PRESIDENT OF TRUSTEE (PRINT NAME) SIGNATURE DATE

SIGNATURE

TERRENCE MULDOON

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE DATE

JESSICA FREIBURG

898101
04-01-18

PREPARER (PRINT NAME)

DATE