** PUBLIC DISCLOSURE COPY **														
Beturn of Organization Exempt From Income Tax											_			
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2020														
	Do not enter social security numbers on this form as it may be made public.									Den to Public				
		of the Treasury enue Service	► Go	o to www.irs.	.gov/Form990	for instructions	s and the	e latest i	informatior	ı.		Inspection		
AF	or th	e 2020 calenda	ar year, or tax yea	r beginning	JUL 1,	2020	and end	ding J	UN 30,	2021			_	
B c a	Check if applicab	le: C Name of	organization						D Employ	/er identific	cation n	umber		
	Addre chang	^{je} The (Children's	Cabin	et, Inc.	•								
	Name	ge Doing bu	usiness as						77-0097156					
	Initial return Final	Number	and street (or P.O.			reet address)	Roo	om/suite						
	return termir		South Roc							-856-0		607 000	-	
	ated Amen	ded Dono	own, state or provir		and ZIP or fore	eign postal code	•		G Gross reco H(a) Is this			<u>,697,080.</u>	_	
	return Applic		nd address of princ		im Youn	a				bordinates		Yes X No		
	tion pendi		as C above		iiii iouii	9				subordinates in		Yes No		
<u> </u>	Гах-ех	empt status:		501(c) () 🗸 (insert	no.) 4947(a	a)(1) or	527	.,			instructions		
			childrenso					021		o exemption				
		f organization:		Trust	Association	Other 🕨		L Year of				f legal domicile: NV	7	
	art I	Summary						1 - · · ····		1			-	
	1	Briefly describ	e the organization's	s mission or n	nost significant	t activities: To	kee	p ch	ildren	safe	and		-	
JCe			s together										-	
Governance	2	Check this box				operations or di					ets.		-	
vel	3	Number of vot	ing members of the							3		19		
	4	Number of ind	ependent voting m	embers of the	e governing bo	dy (Part VI, line ⁻	1b)			4		19		
80			er of independent voting members of the governing body (Part VI, line 1b) 4 number of individuals employed in calendar year 2020 (Part V, line 2a) 5									182		
/itie			of volunteers (estim									73		
Activities &			d business revenue									0.		
4	b	Net unrelated	business taxable in	come from Fo	orm 990-T, Par	t I, line 11				7b		0.	_	
									Prior Ye			urrent Year	_	
e	8	Contributions a	and grants (Part VI	II, line 1h)					26,812		54	<u>,031,060.</u>	_	
Revenue	9	•	ce revenue (Part VII						1,016			41,257.		
Jev Sev	10		come (Part VIII, colu							,287.		34,013.		
-	11		(Part VIII, column (,718.	F 4	149,762.		
			- add lines 8 throug				12)		<u>27,913</u>			,256,092.		
	13		nil <mark>ar amount</mark> s paid			3)			14,197		<u> </u>	,319,544.		
		A A A A	o or for members (7 650	0.	- 7	0. ,317,474.		
ses	15	Salaries, other	compensation, em	iployee benef	its (Part IX, col	umn (A), lines 5-	-10)		7,059	,929. 0.	/	<u>, 517,474.</u> 0.	-	
ens	16a	Protessional fu	compensation, em undraising fees (Pai ng expenses (Part I	rt IX, column ((A), line 11e)	171	803			0.		0.		
Expenses			ng expenses (Part)	IX, COlumn (D)), line 25)		,095	•	6,360	246	35	,005,201.		
_	1 ''		es (Part IX, column s. Add lines 13-17 (28,217			,642,219.		
			expenses. Subtract							,983.		613,873.		
7 8		nevenue less e	expenses. Subtract		<u></u>		<u></u>		ginning of Cu		F	nd of Year	_	
t Assets or d Balances	20	Total assets (P	Part X line 16)						11,619			,960,816.	_	
Asse	21	•	(Part X, line 26)							,906.		<u>,148,098.</u>	_	
-Net /	22		fund balances. Sub							,030.		,812,718.		
	art II	Signature						···· I	-,,	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
			declare that I have ex	xamined this re	turn, including a	ccompanving sche	edules and	d stateme	nts, and to th	e best of mv	knowled	ge and belief. it is	-	
			Declaration of prepar							-		,		
		Kim Young (Apr 1		,	,					Apr 19	. 2022		-	
Sig	n	Signature	e of officer						Da		,		_	
Her		Kim X	Young, Exe	<u>ecut</u> ive	Directo	or							_	
			rint name and title										_	
												T181		

	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	Deb Nelson, CPA	Deb Nelson, CPA	04/15/2	2 self-employed	P0126475	8				
Preparer	Firm's name 🕨 Eide Bailly LLP	n's EIN ▶ 45	5-0250958							
Use Only	y Firm's address 800 Nicollet Mall, Ste. 1300									
	Minneapolis, MN	ne no.612-	253-6500							
May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
222001 to 22 20 LHA For Paperwork Reduction Act Notice see the separate instructions										

- orm	990 (2020) The Children's Cabinet, Inc.	77-0097156	Page 2
Pai	t III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		_
	To keep children safe and families together by providing		1
	resources that address unmet needs through a unique and e		
	cooperative effort between the private sector and public Nevada.	agencies in	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	XYes	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	XNo
	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 m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, an	d
	revenue, if any, for each program service reported.		770
4a	(Code:)(Expenses \$ 48,372,425. including grants of \$ 7,533,838.) (Revenue Supporting Early Education and Development (SEED) - this		7 78 .)
	utilized Federal and State funds from various sources to		v
	childhood programming across Nevada. In 15 of Nevada's 17	counties.	- <u>y</u>
	this department provides childcare resource and referral		
	parents in their search for childcare and administers chi		
	subsidies to parents who are low income and working, in j		
	or actively seeking employment. Quality enhancement serv		
	provided statewide. These programs include parent and ear		
	provider training, community outreach and education, earl system building and support, quality rating and improvement		
	onsite coaching for licensed childcare, and early childho		
	network, which provides substitute childcare providers to		
4b	(Code:) (Expenses \$4,039,243. including grants of \$3,785,706.) (Revenue)
	Family and Youth Interventions - this department includes	family	,
	counseling, case management, runaway and homeless youth o		
	place, onsite high school, and workforce development prog		7
	counseling is provided at no charge to families with chil		
	between ages of birth and twenty-four. Case management is of many programs and may include home visits, school visi		
	services. Runaway and homeless youth outreach is conducted		
	the community providing resources, including information		
	place program. Safe place is a 24/7 phone/text number that		
	find themselves in an unsafe situation can contact for im		
	to a Children's Cabinet case manager. The Cabinet's onsit		
	is Redfield Academy, a high school for youth that are sev		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	E0 411 660	,	
			90 (2020)
2002	See Schedule O for Continuation(s)	

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Form 990 (2020) The Children's Cabinet, Inc. 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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? If "Yes," complete			
	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		Х
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
2	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,	<u> </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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,"	<u> </u>		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
£ I	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21		х
	domosto government on ratin, column (n), inter : IF res, complete Schedule I, Parts Fand II	121		43

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Form 990 (2020) The Children's Cabinet, Inc. 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		x				
	Schedule J						
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					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
5a	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			
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х			
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?						
	"Yes," complete Schedule L, Part IV	28a		х			
b	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		Х			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes, " complete Schedule L, Part IV	28c		Х			
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х			
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		х			
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х			
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
-	Schedule N, Part II	32		Х			
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х			
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			-			
-	Part V, line 1	34	х				
5a	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						
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x				
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000					
		36		Х			
7	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30					
1		37		х			
0	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		23			
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х				
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u> 38	17				
	Check if Schedule O contains a reasonable or note to any line in this Dart V						
			Vee				
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 391		Yes	No			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C	4					

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

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 182				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-		v	l.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	1
D	If "Yes," enter the name of the foreign country				
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х	I.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50			
Ua		6a		х	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua			
D	were not tax deductible?	6b		1	
7	Organizations that may receive deductible contributions under section 170(c).	00			
	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	х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
-	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			,
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				l.
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-			J
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			1
L.	Note: See the instructions for additional information the organization must report on Schedule O.				
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
~					
с 14а		14a		X	
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		х	
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х	
	If "Yes," complete Form 4720, Schedule O.				
-		-	000		•

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Form	990 (2020) The Children's Cabinet, Inc.		77-0097		Pa	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	bugh	7b below, and for a "	No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S					
	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	19			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	with a	iny other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
			•	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		Х
6	Did the organization have members or stockholders?			6		х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stor					
	a superior of the superior of			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b _		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach			0.0		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve			Ĭ		
	una construction of requests information about policies not required by the internal news	enue	code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such char			104		
D				10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body l		e filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			120	- 23	
		,		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written whistleblower policy?			14	X	
14 15				14	- 23	
15	Did the process for determining compensation of the following persons include a review and approval l persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	reheingeur			
•				150	х	
a h	The organization's CEO, Executive Director, or top management official			15a 15b	- 22	Х
b	Other officers or key employees of the organization			15b		
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		the e			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements			40-		Х
h.	taxable entity during the year?			16a		
D	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 organiz			104		
800	exempt status with respect to such arrangements?			16b		
17			T (0+! 501 (-)(0)-			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	1 990	(Section 501(C)(3)	only)	availa	bie
	for public inspection. Indicate how you made these available. Check all that apply.	_				
	Own website Another's website X Upon request Other (explain o		,	~		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cont	flict o	t interest policy, and	tinanc	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 book	s and	I records			
	Jeff Andrews - 775-856-6200					
	1090 South Rock Boulevard, Reno, NV 89502					

Form 990 (2020) The Children's Cabinet, Inc.	77-0097156	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.										

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Autor Bail line Autor per hours per veek (list ary nours for metal organizations below line) Autor per veek list ary line below line) Observe the othe metal organizations below line) Physical below line line below line) Physical line below line line below line) Physical line below line line below line) Physical line line below line line below line below line) Physical line line line below line line below line line line below line line line line line line line line	(A)	(B) (C)							(D)	(E)	(F)	
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Kindercare Learning Center - McCarran, 650		89502						c	Childcare Se	rvices	526	5,636.
•			ar	ra	n,	65	50					
	NE Nolladay St., Suite 14	00, Por	t1	an	đ,	OI	R	C	Childcare Se	rvices	491	.,215.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 53 2

						lren	's Cabinet	z, Inc.		77-0097	156 Page 9
°a	rt V	/111									
			Check if Schedule O c	onta	ains a re	espons	e or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
	4		Federated compains			4.	139,334.				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns			<u>1a</u> 1b	135,354.				
<u>ה</u>			Membership dues Fundraising events			10 1c	236,791.				
μŖ						1d	195,120.				
nia 19 iu			Government grants (contri			1e	52,173,367.				
Sir			All other contributions, gifts,		Ý –		, ,				
ther			similar amounts not included	-		1f	1,286,448.				
ĘÖ		g	Noncash contributions included in I			1g \$					
a co		h	Total. Add lines 1a-1f					54,031,060.			
							Business Code				
D C	2	а	Program Income and F	ees			900099	41,257.	41,257.		
9		b					.			ļ	
enu		с									
s e		d									
Revenue		e	All 11				-				
•			All other program service r					41,257.			
	g Total. Add lines 2a-2f 3 Investment income (including dividends, intere					+1,237.					
	3		other similar amounts)					13,201.		-	13,201.
	4		Income from investment o					,			
	6		Royalties				-	163,630.			163,630.
			····,			Real	(ii) Personal				
		а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
		d	Net rental income or (loss)	[
		а	G <mark>ro</mark> ss amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a	4:	23,555					
		b	Less: cost or other basis								
venue			and sales expenses	7b		02,743					
			, ,	7c		20,812		20 912			20 812
Ĕ			Net gain or (loss)				····· 🕨	20,812.			20,812.
Other Re	8	а	Gross income from fundraisir including \$	-	-						
0			contributions reported on								
			Part IV, line 18				a 3,600.				
		b	Less: direct expenses				- ,				
			Net income or (loss) from 1					-34,645.			-34,645.
	9		Gross income from gaming								
			Part IV, line 19	-			a 5,256.				
		b					b ⁰ .				
		с	Net income or (loss) from	gami	ing acti	vities	🕨	5,256.			5,256.
	10	а	Gross sales of inventory, le								
			and allowances				Da				
			Less: cost of goods sold				Db				
		С	Net income or (loss) from s	sales	s of inve	entory					
ŝ			Other Income				Business Code	15 501	1E E01		
INISCEIIAI JEOUS Revenue	11		Other Income				900099	15,521.	15,521.		
Ven		b					·				
Be		с С									
Σ			All other revenue Total. Add lines 11a-11d					15,521.			
	12		Total revenue. See instructio					54,256,092.	56,778.	0.	168,254.
_							🚩	, , -•	,		, , .

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon		U	1 ()	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2		11 319 511	11,319,544.		
•	individuals. See Part IV, line 22	11, 319, 344.	<u> </u>		
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,	044 645	4 9 6 9		
	trustees, and key employees	241,645.	4,268.	237,377.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,849,096.	5,300,391.	460,813.	87,892.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	746,454.	678,165.	66,842.	1,447.
10	Payroll taxes	480,279.	436,964.	35,775.	1,447. 7,540.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,373.		2,373.	
	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	910,556.	772,428.	136,382.	1 746.
12	Advertising and promotion	9,170.	4,504.	3,166.	<u>1,746.</u> 1,500.
	Office expenses	401,429.	332,732.	60,930.	7,767.
13		204,949.	188,537.	15,759.	653.
14	Information technology	201,919.	100,557.	13,755.	055.
15	Royalties	230,551.	220,698.	9,064.	789.
16		128,577.	126,238.	178.	2,161.
17	Travel	120,577.	120,230.	1/0.	2,101.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	C 200		C 200	
19	Conferences, conventions, and meetings	6,308.		6,308.	
20	Interest				
21	Payments to affiliates	100 000	100 000	0 656	E00
22	Depreciation, depletion, and amortization	136,870.	133,686.	2,656.	528.
23	Insurance	53,535.	48,885.	4,192.	458.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Client Services	32,834,022.	32,775,706.		58,316.
b	Repairs and Maintenane	50,445.	41,211.	8,909.	325.
c	Training	20,876.	20,208.	771.	-103.
d		_0,0,0.	,	, , _ •	100.
	All other expenses	15,540.	7,503.	7,163.	874.
е 25	·	53,642,219.	52,411,668.	1,058,658.	171,893.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	JJ, UHZ, ZIJ.	52, 311,000.	±,050,050.	±/±,093•
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (

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The Children's Cabinet, Inc	The	Children's	Cabinet,	Inc.
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		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
		· ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,779,834.	1	1,557,461.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	5,999,712.	3	31,098,404.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	ied per	ons			
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	2,201.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,563,595.			
	b	Less: accumulated depreciation	10b	2,711,853.	1,916,732.	10c	1,851,742.
	11	Investments - publicly traded securities			717,258.	11	1,244,608.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line ⁻				13	
	14	Intangible assets	197,900.	14	197,900.		
	15	Other assets. See Part IV, line 11	8,500.	15	8,500.		
	16	Total assets. Add lines 1 through 15 (must equa	11,619,936.	16	35,960,816.		
	17	Accounts payable and accrued expenses		5, <mark>5</mark> 43,304.	17	29, <mark>864</mark> ,903.	
	18	Grants payable	9,016.	18	122,439.		
	19	Deferred revenue	458,566.	19	156,811.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I	Part IV (of Schedule D		21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes				22	
4	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-		470 000		
		of Schedule D			470,020.		3,945. 30,148,098.
	26				6,480,906.	26	30,148,098.
s		Organizations that follow FASB ASC 958, che	ck here				
JCe		and complete lines 27, 28, 32, and 33.			1 716 216		5 116 509
alai	27				<u>4,716,216.</u> 422,814.	27	5,416,508. 396,210.
a D	28	Net assets with donor restrictions			422,014.	28	JJ0, ZIU.
n		Organizations that do not follow FASB ASC 9	oo, che	eck nere 🕨 🛄			
or F	00	and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			5,139,030.	31	5 812 718
ž	32	Total net assets or fund balances		····· •	11,619,936.	32 33	5,812,718. 35,960,816.
	33	Total liabilities and net assets/fund balances			TT'NT', 200"		

Form **990** (2020)

Form 990 (2020) Part X Balance Sheet

Form	990	(2020
		-

	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,25		
2	Total expenses (must equal Part IX, column (A), line 25)	2	53	,64		
3	Revenue less expenses. Subtract line 2 from line 1	3			3,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,13	9,0	30.
5	Net unrealized gains (losses) on investments	5		25	3,6	49.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-19	3,8	34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	,81	2,7	18.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
b c	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	on a basis audit edule (gle Au	5 .	2a 2b 2c 3a	x	x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		dit	3b	x	
b						

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name	of the	organization
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Nam	e of t	the organization						Employer	identification number			
	The Children's Cabinet, Inc. 77-0097156 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
Par	τI	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) Se	ee instruction	S.				
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only (one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe			-							
9		An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city,	and state of	the college	or			
10		university:			a				d anno a na a inda fuana			
10		An organization that normal										
		activities related to its exem income and unrelated busin										
		See section 509(a)(2). (Cor				ses acquir	ed by the org	anizationa				
11		An organization organized a	-	vely to test for public sat	fety See	section 50	9(a)(4)					
12		An organization organized a	-	•				rry out the	purposes of one or			
								-				
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		¬ ~				-		-	giving			
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting											
		organization. You must c										
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supported	d organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that con	trol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A, I	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	veness			
		requirement (see instructi		-								
е												
_		functionally integrated, or	51	nally integrated supporting	ng organiz	ation.						
t		er the number of supported o	•									
<u> </u>		vide the following information i) Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetarv	(vi) Amount of other			
		organization	.,	(described on lines 1-10	Yes	ing document?	support (see in		support (see instructions)			
				above (see instructions))								
Tota												

Schedule A (Form 990 or 990-EZ) 2020 The Children's Cabinet, Inc. 77-0097 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

77-0097156 Page 2

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	22382442.	22492197.	21875179.	<u>26812359.</u>	<u>54031060.</u>	147593237
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				83,867.		83,867.
4	Total. Add lines 1 through 3	22382442.	22492197.	21875179.	26896226.	54031060.	147677104
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.						147677104
	tion B. Total Support					-	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	22382442	22492197	21875179	26896226	54031060.	147677104
	Gross income from interest,						
Ů	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	102,035.	59,746.	15,931.	223,638.	176,831.	578,181.
^		102,035.	55,740.	13,331.	223,0301	170,051.	570,101.
э	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	113,659.	71,180.	60 111	3,206.	15 501	272 010
	assets (Explain in Part VI.)	113,059.	/1,100.	69,444.	5,200.		273,010. 148528295
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,				,252,693.
13	First 5 years. If the Form 990 is for the						. —
	organization, check this box and sto						
	tion C. Computation of Public						00 42
	Public support percentage for 2020 (I		•			14	99.43 %
	Public support percentage from 2019					15	99.39 %
16a	33 1/3% support test - 2020. If the				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
7a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	he facts-and-circun	nstances test, che	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 The Children's Cabinet, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Caler	ıdar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	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						
	Gross receipts from activities that						
3	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	tion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Annual free line of		(0) 2017	(6) 2010	(4) 2013		
-	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third 1	iourth, or fifth tax v	ear as a section 5	01(c)(3) organizati	on.
	check this box and stop here	-					
Sec	tion C. Computation of Public	c Support Per	centage				
	Public support percentage for 2020 (li			olumn (f))		15	%
	Public support percentage for 2020 (in Public support percentage from 2019					16	<u>%</u>
	tion D. Computation of Inves						70
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from 2					18	<u>%</u> %
				n line 14 and line			
	33 1/3% support tests - 2020. If the	-					
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2019. If the	•		-			
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19a	a, or 19b, check thi	is box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2020 The Children's Cabinet, Inc.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990 EZ) 2020 The Children's Cabinet, Inc. Part IV Supporting Organizations (continued)

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

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

3b

1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

6

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 The Children's Cabinet, Inc. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2020 The Children's Cabinet, Inc
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Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Section	on D	- Distributions				Current Year
1	Amou	unts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amou	unts paid to perform activity that directly furthers exemp	pt purposes of supported			
	orgar	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amou	unts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other	r distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distri	butions to attentive supported organizations to which the	he organization is responsive			
	(provi	ide details in Part VI). See instructions.			8	
9	Distri	butable amount for 2020 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Section	on E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distri	butable amount for 2020 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2020 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
с	From	2017				
d	From	2018				
е	From	2019				
f	Total	l of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2020 distributable amount				
i	Carry	vover from 2015 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Dis <mark>tr</mark> i	butions for 2020 from Section D,				
	line 7	: \$				
а	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2020 distributable amount				
с	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2020, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than :	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part	VI. See instructions.				
7	Exce	ss distributions carryover to 2021. Add lines 3j				
	and 4	łc				
8	Break	kdown of line 7:				
а	Exces	ss from 2016				
b	Exces	ss from 2017				
с	Exces	ss from 2018				
		ss from 2019				
е	Exces	ss from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule A, Part II, Line 10, Explanation for Other Income:

Other income	
2016 Amount: \$	113,659.
2017 Amount: \$	71,180.
2018 Amount: \$	69,444.
2019 Amount: \$	3,206.
2020 Amount: \$	15,521.
	CLIRE
	nsur
In	
HPP	

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

ŗ	The Children's Cabinet, Inc.	77-0097156				
Organization type (checl	< one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
property) from a Special Rules X For an organizat	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributor ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a,	's total contributions. test of the regulations under				
any one contribu	utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo EZ, line 1. Complete Parts I and II.					
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I ((b) instead of the contributor name and address), II, and III.	cientific,				
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled n or here the total contributions that were received during the year for an <i>exclusively</i> religious complete any of the parts unless the General Rule applies to this organization because it table, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>				
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Name of organization

77-0097156

The Children's Cabinet, Inc.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 46,866,998. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Х Person Payroll 3,458,181. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

77-0097156

The Children's Cabinet, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of or	ganization		Employer identification number
The Ch Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	77 - 0097156 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.) \blacktriangleright \$
(a) No. from Part I	Use duplicate copies of Part III if additional (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name address a	(e) Transfer of gift	
(2) No	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
		912	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SC	HEDULE D	Supplement:	al Financial St	atements	F	OMB No. 1	1545-0047
	n 990)	Complete if the org	anization answered "Ye	s" on Form 990.		20	20
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e Attach to Form 990.	e, 11f, 12a, or 12b.		Open t	o Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9		he latest information.		Inspec	
Nam	e of the organizati	ion			Employer id	entificatio	on number
		The Children's Cab				-0097	
Pa	tl Organiza	ations Maintaining Donor Advise	d Funds or Other S	imilar Funds or Ac	counts. Co	mplete if t	the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advise	d funds (b) Funds and c	ther acco	unts
1	Total number at e	nd of year					
2	Aggregate value of	of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4	Aggregate value a	t end of year					
5	•	on inform all donors and donor advisors in v	•		_		
		on's property, subject to the organization's				Yes	No
6	0	on inform all grantees, donors, and donor a	0 0		,		
		poses and not for the benefit of the donor o	<i>,</i> .	, , ,	· _		—]
Pa	impermissible priv					Yes	No No
		ration Easements. Complete if the org		s" on Form 990, Part IV,	line 7.		
1		servation easements held by the organization	· · · ·	Duran unting of a bists			-
		n of land for public use (for example, recrea	tion or education)	Preservation of a histo			a
		of natural habitat		Preservation of a certi	fied historic stri	ucture	
•		n of open space	ind concernation contribu	itian in the form of a ca	a convetion acco	mont on t	the last
2	•	through 2d if the organization held a qualif	led conservation contribu	ation in the form of a col			
-	day of the tax yea					ne End of t	he Tax Year
		onservation easements			2a		
		ricted by conservation easements			2b		
		vation easements on a certified historic stru			2c		
a		vation easements included in (c) acquired a nal Register			2d		
2						o tox	
3	vear	vation easements modified, transferred, rel	eased, extinguished, or te	erminated by the organi	zation during tr	letax	
4		where property subject to conservation eas	comont is located				
5		tion have a written policy regarding the per		ion handling of			
٦.		forcement of the conservation easements it		, C	Г	Yes	No
6		er hours devoted to monitoring, inspecting,		d enforcina conservatio			
Ŭ			nanaling of violations, an	a childroing conservatio		aning the j	Jour
7	Amount of expense	 ses incurred in monitoring, inspecting, hanc	lling of violations, and ent	forcing conservation eas	sements durina	the vear	
•	► \$		g et tislations, and off				
8			e satisfy the requirements	s of section 170(h)(4)(B)	(i)		
-	and section 170(h					Yes	No No
9	•	be how the organization reports conservation					
		d include, if applicable, the text of the footr)	
		counting for conservation easements.	5				
Pa	rt III Organiza	ations Maintaining Collections of	[•] Art, Historical Trea	asures, or Other S	imilar Asset	ls.	
_	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement and bala	nce sheet work	s	
	•	easures, or other similar assets held for put	•				
		Part XIII the text of the footnote to its finar					
b		elected, as permitted under FASB ASC 95			sheet works o	f	
		sures, or other similar assets held for public					
		ing amounts relating to these items:	, , , , ,				
	•				▶ \$		
	.,	ed in Form 990 Part X			► \$		

	(ii) Assets included in Form 990, Part X 👘 🕹 🔤
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1 🕨 \$

b Assets included in Form 990, Part X	b	Assets	included	in Form	990.	Part X
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

▶ \$

	dule D (Form 990) 2020 The Chi	ldren's Cal	binet, Inc	•			77-00	9715	5 Ра	age 2
Par	rt III Organizations Maintaining C							s _{(contir}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make się	gnificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		change progra						
b	Scholarly research	e	• Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	he organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	asures, or othe	r similar :	assets	_	_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the organizati	on answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi						_	_		-
	on Form 990, Part X?						L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	t	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f	L			1
	Did the organization include an amount on F					y?	L	Yes		No
1	If "Yes," explain the arrangement in Part XIII.						<u></u>	<u></u>		<u> </u>
Par	rt V Endowment Funds. Complete							T		
_		(a) Current year	(b) Prior year	(c) Two year	s back	d) Three	years back	(e) Four	years	back
1a	Beginning of year balance									\leftarrow
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
Ť	Administrative expenses							<u> </u>		
g	End of year balance							<u> </u>		
2	Provide the estimated percentage of the curr	rent ye <mark>ar end balance</mark>		a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	· · · · · · · · · · · · · · · · · · ·	_%								
•	The percentages on lines 2a, 2b, and 2c sho	·								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	ind administere	ed for the	eorganiz	ation	l	Vee	Na
	by:							2-13	Yes	No
	(i) Unrelated organizations							3a(i)		
									I	
h	(ii) Related organizations									
b ⊿	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R							
4	(ii) Related organizations	ations listed as requir organization's endo	ed on Schedule R							
4	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm	ations listed as requir e organization's endo nent.	red on Schedule R? wment funds.							
4	 (ii) Related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the triangle of the Land, Buildings, and Equipment Complete if the organization answere 	ations listed as requir organization's endor nent. d "Yes" on Form 990	red on Schedule R? wment funds.), Part IV, line 11a.	See Form 990,	Part X, I	ine 10.		_ 3b	k value	
4	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm	ations listed as requir organization's endor nent. d "Yes" on Form 990 (a) Cost or o	red on Schedule R? wment funds.), Part IV, line 11a. hther (b) Cos	See Form 990, st or other	Part X, I (c) Ac	ine 10.	ed		k value	
4 Par	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answere Description of property	ations listed as requir e organization's endor nent. d "Yes" on Form 990 (a) Cost or o basis (investn	red on Schedule R? wment funds.), Part IV, line 11a. hther (b) Cos nent) basis	See Form 990, st or other s (other)	Part X, I (c) Ac	ine 10.	ed	3b (d) Boo		
4 Par	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answere Description of property Land	ations listed as requir e organization's endor nent. d "Yes" on Form 990 (a) Cost or o basis (investr	red on Schedule R wment funds. D, Part IV, line 11a. other (b) Cos nent) basis	See Form 990, st or other s (other) 59 , 274 .	Part X, I (c) Ac dep	ine 10. ccumulatoreciation	ed	(d) Boo	9,27	74.
4 Par 1a b	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answere Description of property Land Buildings	ations listed as requir e organization's endor nent. d "Yes" on Form 990 (a) Cost or o basis (investr	red on Schedule R? wment funds. 0, Part IV, line 11a. other (b) Cos nent) basis 2 1, 7	See Form 990, st or other s (other) 59,274. 51,377.	Part X, I (c) Ac dep 1 , 1	ine 10. cumulate preciation	əd 75.	(d) Boo 25 61	9,2 ⁷ 8,20	74.
4 Par 1a b c	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answere Description of property Land Buildings Leasehold improvements	ations listed as requir e organization's endor nent. d "Yes" on Form 990 (a) Cost or o basis (investr	ed on Schedule R? wment funds. 0, Part IV, line 11a. other (b) Cos nent) basis 2 1, 7 1, 4	See Form 990, st or other s (other) 59,274. 51,377. 26,011.	Part X, I (c) Ac dep 1 , 1	ine 10. ccumulation ecciation 43,1 51,7	ed 75. 17.	(d) Boo (25) 611 874	9,2 8,2 4,2	74.)2. 94.
4 Par 1a b c d	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answere Description of property Land Buildings Leasehold improvements	ations listed as requir organization's endor nent. (a) Yes" on Form 990 (a) Cost or o basis (investromous) 	red on Schedule R? wment funds. 0, Part IV, line 11a. other (b) Cos nent) basis 2 1, 7 1, 4 7	See Form 990, st or other s (other) 59,274. 51,377.	Part X, I (c) Ac dep 1, 1 5 7	ine 10. cumulate preciation	ed 75. 17. 56.	(d) Boo 255 615 874	9,2 ⁷ 8,20	74. 02. 94. 56.

Schedule D (Form 990) 2020

F

	Investments - C	Other Se	curities.			
Schedule D	(Form 990) 2020	The	Children	's	Cabinet,	Inc.

Complete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(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" of	on Form 990, Part IV, line ⁻	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Colymn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	·
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Funds Held on Behalf of Kellogg	
(3) Foundation	3,945.
(4)	

(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25)	3,945.

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

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

Sche	dule D (Form 990) 2020 The Children's Cabinet,	Inc.		77-	0097156 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	54,509,741.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	253,649.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	253,649. 54,256,092.
3	Subtract line 2e from line 1			3	54,256,092.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	54,256,092.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	53,836,053.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	193,834.		
е	Add lines 2a through 2d			2e	193,834.
3	Subtract line 2e from line 1			3	53,642,219.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	53,642,219.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part)	X, line 2; Part XI,

Part X, Line 2:

Management believes that the entity has appropriate support for any tax
positions taken affecting its annual filing requirements, and as such,
does not have any uncertain tax positions that are material to the
financial statements. The Organization would recognize future accrued
interest and penalties related to unrecognized tax benefits and
liabilities in income tax expense if such interest and penalties are
incurred.

Part XII, Line 2d - Other Adjustments:

Transfer to Related Organization

Schedule D	(Form 990)) 20

Continued)

Form 990 or 990-EZ)		e organization answered "Yes" organization entered more than a	2020					
partment of the Treasury	Attach to Form 990 or Form 990-EZ.						Open to Public	
ternal Revenue Service		to www.irs.gov/Form990 for ins	struction	s and	the latest informati		Inspection	
ame of the organizatior	Employer i 77-009	identification number 97156						
	ing Activities. complete this part	Complete if the organization ans	wered "Y	'es" or	ı Form 990, Part IV, I	ine 17. Form 990-	EZ filers are not	
		ed funds through any of the follow	wing activ	vities. (Check all that apply.			
a Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici d In-person so		g [] Spec	cial fundra	aising e	events			
		r oral agreement with any individu	ual (inclue	lina of	ficers directors trus	tees or		
•		art VII) or entity in connection with	•	Ũ		·	/es No	
		iduals or entities (fundraisers) pur	•		U			
compensated at le	•	· · ·		0				
			(iii)	Did		(v) Amount paid	ч	
(i) Name and addres		(ii) Activity	fundi have c	raiser ustodv	(iv) Gross receipts	to (or retained b		
or entity (func	Iraiser)	(,,	or con contrib	ntrol of	from activity	fundraiser listed in col. (i)	organization	
			Yes	No				
						5		
		-10						
otal	ab the eventing the	a is registered or lineared to a - "-				it is avarant for a		
or licensing.	ch the organizatio	n is registered or licensed to solic	at contrib	utions	or has been notified	it is exempt from	registration	

Pa	ırt I	 G (Form 990 or 990-EZ) 2020 The Ch Fundraising Events. Complete if of fundraising event contributions and g 	the organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	
			(a) Event #1 Art of Childhood	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	240,391.			240,391.
	2	Less: Contributions	236,791.			236,791.
	3	Gross income (line 1 minus line 2)	3,600.			3,600.
	4	Cash prizes	0.			
	5	Noncash prizes	10,789.			10,789.
Direct Expenses	6	Rent/facility costs	. 0.			
rect Ex	7	Food and beverages	. 0.			
Ē	8	Entertainment				07.45.6
		Other direct expenses	27,456.			27,456.
	9 10	Direct expense summany Add lines 4 through	ah Q in column (d)			38 245
	10	Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from				<u>38,245</u> . -34,645.
Pa	10	Net income summary. Subtract line 10 from	n line 3, column (d)			38,245. -34,645.
	10 11	Net income summary. Subtract line 10 from II Gaming. Complete if the organizatio	n line 3, column (d)			
Revenue Pa	10 11	Net income summary. Subtract line 10 from II Gaming. Complete if the organizatio	n line 3, column (d)n n answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-34,645. (d) Total gaming (add
es Revenue	10 11 irt	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n line 3, column (d)n n answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-34,645. (d) Total gaming (add
es Revenue	10 11 irt	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-34,645. (d) Total gaming (add
Revenue	10 11 irt 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-34,645. (d) Total gaming (add
es Revenue	10 11 11 11 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-34,645. (d) Total gaming (add
es Revenue	10 11 11 1 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-34,645. (d) Total gaming (add
es Revenue	10 11 11 1 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-34,645. (d) Total gaming (add
es Revenue	10 11 11 1 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (b) Column (c)	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	-34,645. (d) Total gaming (add
Direct Expenses Revenue	10 11 11 1 2 3 4 5 6 7 8	Net income summary. Subtract line 10 from Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu	n line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Provide the second s	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	-34,645. (d) Total gaming (add

Schedule G (Form 990 or 990-EZ) 2020 The Children's Cabinet, Inc.	77-0097156 Page:
1 Does the organization conduct gaming activities with nonmembers?	
2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme	d
to administer charitable gaming?	
3 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
4 Enter the name and address of the person who prepares the organization's gaming/special events books and re	ecords:
Name	
Address ►	
5a 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	amount
of gaming revenue retained by the third party \blacktriangleright \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	CHR
Gaming manager compensation \$	
Garning manager compensation 🕨 🦆	
Description of services provided	
Director/officer Employee Independent contractor	
7 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 spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to other exempt organizations or spinore the state law to be distributed to be distributed to other exempt organizations or spinore the stat	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

	G (Form 990 or 990-EZ)		Children's	Cabinet,	Inc.
Part IV	Supplemental Info	rmation	(continued)		

<u> </u>	

F

SCHEDULE I (Form 990)			rants and Oth					ŀ	OMB No. 154	5-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									202	<u>20</u>
Department of the Treasury Internal Revenue Service		Comp		Attach to For s.gov/Form990 fo	m 990.				Open to P Inspect	
Name of the organization		ren's Cab	inet, Inc.					Employer	identification 77-009	
Part I General In	formation on Grants a		-							-
criteria used to a	ation maintain records t ward the grants or assis IV the organization's pro	tance?							X Yes	🗌 No
	d Other Assistance to I					anization answered "V	es" on Form 000 Par	t IV/ line 21	for any	
	nat received more than \$	•			1 0	anization answered T	es officini 550,1 al	t iv, iii e z i,	IOI ally	
1 (a) Name and ad	dress of organization vernment	(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		Purpose of gra or assistance	ant
						09	SUF	RI		
				115	CI					
	IB									
2 Enter total numb	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				►		
3 Enter total numb	er of other organizations	s listed in the line 1	table							

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

77-0097156

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
Child Care Subsidies	5021	10,961,456.	0.		
Educational Training Vouchers	117	358,088.	0.		
				NSL	
)15			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
Part I, Line 2:					
The Organization provide grants to	licensed	child car	<u>e provider</u>	s to improve	
the quality of care and grants are	a key co	mponent of	the QRIS	program as	
you cannot improve quality without	support	including	environmen	ts with safe	
equipment and ample developmentally	y-appropr	iate mater	ials. All	programs	
must also participate on the Subsid					
low-income children who receive pul	olically-	funded chi	ld care as	sistance.	

SCHEDULE J	Compensation Information	1	OMB No.	1545-004	17	
(Form 990)	2020					
	Ζυζυ					
Department of the Treasury	Open to		ic			
nternal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest		Inspe			
Name of the organization			identificatio		nber	
	The Children's Cabinet, Inc.	77-	009715	6		
Part I Question	ns Regarding Compensation					
				Yes	No	
	riate box(es) if the organization provided any of the following to or for a persor	,			1	
	, line 1a. Complete Part III to provide any relevant information regarding these	e items.			1	
First-class or c		•			1	
Travel for com		•			1	
	ication and gross-up payments Health or social club dues	s or initiation fees			1	
Discretionary	spending account Personal services (such as	s maid, chauffeur, chef)			1	
					1	
b If any of the boxes	s on line 1a are checked, did the organization follow a written policy regarding	payment or				
reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to	explain	1 b			
2 Did the organization	on require substantiation prior to reimbursing or allowing expenses incurred by	y all directors,				
trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line	e 1a?	2			
					1	
	any, of the following the organization used to establish the compensation of th	•			1	
	rector. Check all that apply. Do not check any boxes for methods used by a re	elated organization to				
· ·	sation of the CEO/Executive Director, but explain in Part III.					
X Compensatior						
Independent o	compensation consultant Compensation survey or s					
Form 990 of o	other organizations X Approval by the board or	compensation committee			-	
					1	
4 During the year, did	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to t	he filing			1	
organization or a re	elated organization:					
	ce payment or change-of-control payment?		<u>4a</u>		X	
					X	
	ceive payment from an equity-based compensation arrangement?		4c		X	
If "Yes" to any of lir	ine <mark>s</mark> 4a-c, list the persons and provide the applicable amounts for each item in	n Part III.			1	
Only section 501/c					1	
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	any compensation				
5 For persons listed of contingent on the r	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of:					
5 For persons listed of contingent on the ra The organization?	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of:				X	
 5 For persons listed of contingent on the r a The organization? b Any related organization 	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation?				X X	
 5 For persons listed of contingent on the r a The organization? b Any related organiz If "Yes" on line 5a of content 	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III.				X X	
 5 For persons listed of contingent on the r a The organization? b Any related organization fif "Yes" on line 5a of 6 6 For persons listed of content of the second second	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a				X X	
 5 For persons listed of contingent on the r a The organization? b Any related organization line 5a of For persons listed of contingent on the r 	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of:	any compensation	<u>5b</u>		X	
 5 For persons listed of contingent on the r a The organization? b Any related organiz If "Yes" on line 5a of 6 6 For persons listed of contingent on the r a The organization? 	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of:	iny compensation	<u>5b</u> <u>6a</u>		X	
 5 For persons listed of contingent on their a The organization? b Any related organiz If "Yes" on line 5a of For persons listed of contingent on their a The organization? b Any related organization? 	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of: zation?	iny compensation	<u>5b</u> <u>6a</u>		X	
 5 For persons listed of contingent on their a The organization? b Any related organiz If "Yes" on line 5a of For persons listed of contingent on their a The organization? b Any related organiz If "Yes" on line 6a of the organization? 	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of: zation? or 6b, describe in Part III.	any compensation	<u>5b</u> <u>6a</u>		X	
 5 For persons listed of contingent on their organization? b Any related organiz If "Yes" on line 5a of For persons listed of contingent on their a The organization? b Any related organiz If "Yes" on line 6a of 7 For persons listed of contingent on their a for the organization? 	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of: zation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nor	ny compensation	<u>5b</u> <u>6a</u> 		X	
 5 For persons listed of contingent on their organization? b Any related organiz If "Yes" on line 5a of For persons listed of contingent on their a The organization? b Any related organiz If "Yes" on line 6a of The organisation of the for persons listed of not described on limitation. 	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of: zation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nor ines 5 and 6? If "Yes," describe in Part III	any compensation	<u>5b</u> <u>6a</u> 		X	
 5 For persons listed of contingent on the reaction of the reaction of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of: zation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nor ines 5 and 6? If "Yes," describe in Part III s reported on Form 990, Part VII, paid or accrued pursuant to a contract that v	nny compensation nfixed payments was subject to the	<u>6a</u> <u>6b</u> <u>7</u>	x	X X X	
 5 For persons listed of contingent on the reaction of the reaction of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of: zation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nor ines 5 and 6? If "Yes," describe in Part III s reported on Form 990, Part VII, paid or accrued pursuant to a contract that v eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in I	nny compensation nfixed payments was subject to the Part III	<u>6a</u> <u>6b</u> <u>7</u>	x	X	
 5 For persons listed of contingent on the reaction of the reaction of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a revenues of: zation? or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a net earnings of: zation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nor ines 5 and 6? If "Yes," describe in Part III s reported on Form 990, Part VII, paid or accrued pursuant to a contract that v	nny compensation nfixed payments was subject to the Part III	<u>6a</u> <u>6b</u> <u>7</u>	x	X X X	

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) Kim Young	(i)	163,845.	15,000.	0.	0.	0.	178,845.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
FUE	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Part I, Line 7:

The Executive Director's discretionary bonus is set by the Personnel

Committee and approved by the board of directors

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Page 3

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	-EZ	OMB No. 1545-0047 2020 Open to Public Inspection	
Name of the organizatio	The Children's Cabinet, Inc.		identification number)97156
<u>Form 990, Pa</u>	rt III, Line 2, New Program Services:		
The Children	's Cabinet will act as the fiscal agent to dis	tribute	e the
following CO	VID relief funding to child care providers in	the Sta	ate of
Nevada.			
The CRRSA Ac	t provides resources to address the immediate :	needs o	of
families str	uggling to pay for child care and child care p	rovide	rs
<u>facing finan</u>	cial uncertainty due to the COVID-19 pandemic.		
provide stab must spend m territories qualified ch	ides resources to states, territories, and trij ilization grants to child care providers. Lead ost stabilization funds (at least 90 percent for and at least 80 percent for tribes) as sub-gras ild care providers to support the stability of during and after the COVID-19 public health emo	agenc: or stat nts to the ch	nild
	nt III ling da Drognam Convigo Accompliatras	ta.	
	rt III, Line 4a, Program Service Accomplishmen cilities. The Children's Cabinet also acted as		
			;a1
	tribute COVID relief funding to licensed child	care	
proviaers in	the state of Nevada.		

Form	990	, Par	t III,	Line	e 4b, P	rogra	am Se	ervice Accor	nplis	shments:	
defi	cien	t, th	ey rec	eive	intens	ive d	case	management	and	academic	support
to me	eet	their	educa	tiona	al goal	s.					

Youthbuild is a workforce development program that reengages youth with

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization The Children's Cabinet, Inc.	Employer identification number $77 - 0097156$
education and provides construction education and certific	ations. An
onsite food pantry provides families with access to food,	hygiene, and
other basic necessities. Additional programs in FYI allow	for the full
spectrum of wraparound services (clothing closet, and emer	gency
assistance).	
Form 000 Dont MI Costion & line She	
Form 990, Part VI, Section A, line 8b:	Desard
There are no committees authorized to act on behalf of the	Board.
Form 990, Part VI, Section B, line 11b:	
All information necessary to complete the Form 990 is prov	ided by Cabinet
staff either during the audit or as supplemental informati	on requested by
the tax preparer. Once the Form 990 is completed in draft	form the CFO
reviews the draft in detail including performing reconcili	ations of the
amounts reported in the Form 990 to the audited financial	statements. The
CFO also reviews all responses to questions for accuracy a	nd completeness.
Any questions or discrepancies identified are resolved in	consultation with
the tax preparer.	
Form 990, Part VI, Section B, Line 12c:	
Officers, directors, trustees, and key employees are requi	red to disclose
annually, any potential conflicts of interest.	
After disclosure of the financial interest and all materia	1 facts and
after any discussion with the interested person, he/she s	
· · · · · · · · · · · · · · · ·	

governing board or committee meeting while determination of a conflict of

interest is discussed and voted upon. The remaining board or committee

members shall decide if a conflict of interest exists.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
The Children's Cabinet, Inc.	77-0097156

An interested person may make a presentation at the governing board committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

Form 990, Part VI, Section B, Line 15a:

Human Resources determines comparable compensation and presents to the

Board's personnel committee. Compensation changes are reviewed and approved

at the organization's personnel committee.

Form 990, Part VI, Section C, Line 19:

Documents are available for review upon request at the Rock Boulevard

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization The Children's Cabinet, Inc.	Employer identification number 77-0097156
ine childlen 5 cabinet, inc.	1 11 0001100
form 000 Don't VI line 0 Changes in Net Assets.	
orm 990, Part XI, line 9, Changes in Net Assets:	
ransfer to Related Organization	-193,834.
	CIK

SCHEDUL (Form 990)		► Comp	Related Organization	ed "Yes" on Form 990, Part IV,	I rtnerships line 33, 34, 35b, 3	6, or 37.		-	OMB No. 154	<u>5-0047</u>
Department of Internal Reven	the Treasury			Attach to Form 990. 90 for instructions and the late	st information				Open to P Inspect	ublic
	ie organizat		Cabinet, Inc.					ployeriden 77-009	tification n	
Part I	Identificati	on of Disregarded Entities. Comple		es" on Form 990, Part IV, line 3	3.		•			
		(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	(e) me End-of-year	assets	Direc	(f) entity	g
			_							
			-			-11	C	2F		
						50				
				501						
		on of Related Tax-Exempt Organizans during the tax year.	ations. Complete if the organizati	on answered "Yes" on Form 990	0, Part IV, line 34, b	because it had one	or more	related tax-e	xempt	
		(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f) ct controlling entity	cont ent	g) 512(b)(13) trolled tity?
Children	's Cabine	t Foundation, Inc							Yes	No
88-02538 89502	51, 1090	South Rock Blvd, Reno, NV	Support Children's Cabinet, Inc.	Nevada	501(c)(3)			ildren's t, Inc.	X	
			_							
For Paper	work Redu	ction Act Notice, see the Instructior	ns for Form 990.					Schedule	R (Form 99	90) 202 [,]

OMB No. 1545-0047

77-0097156 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box 20 of Schedule	managing partner?	Percentag ownershi
		country)		sections 512-514)			Yes	No		Yes No	,

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

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

Schedule R (Form 990) 2020 The Children's Cabinet, Inc.

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	S No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	Х	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	10		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	x	
s Other transfer of cash or property from related organization(s)	1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Children's Cabinet Foundation, Inc.	R	193,834.	General Ledger
(2) Children's Cabinet Foundation, Inc.	С	195,120.	General Ledger
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 The Children's Cabinet, Inc.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropo tionate allocation Yes N	amount in box 20 of Schedule K-1	(j) General or managing partner? Yes NO	(k) Percentage ownership
								DF		
			C			5				
	5110									
	フレバ									

Schedule R (Form 990) 2020

The Children's Cabinet, Inc.

JBLIC DISCLOSUR	Provide addition	onal information for responses to questions on Schedule R. See instructions.
JBLIC DISCLOSUR		
JBLIC DISCLOSUN		
JBLIC DISCLOSO.		
JBLIC DISCLOC		
JBLIC DISCE		
JBLO		

F