

PUBLIC INSPECTION COPY

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning, 2018, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Collaborative for Children 1111 North Loop West #600 Houston, TX 77008	D Employer identification number 76-0228065	E Telephone number 713-600-1100
F Name and address of principal officer: Laura Sayavedra Same As C Above		G Gross receipts \$ 12,304,412. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. (see instructions)</small>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ www.collabforchildren.org		L Year of formation: 1987 M State of legal domicile: TX	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>Collaborative for Children builds an educational foundation for children to succeed in school and in life by supporting training for educators, supplementing classroom resources, advocating for policies, and connecting families to child care resources and parenting programs.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	114
	6 Total number of volunteers (estimate if necessary)	6	71
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,635,017.	11,123,997.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,089,275.	1,168,691.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,457.	11,724.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,729,749.	12,304,412.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,309,292.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,116,728.	5,918,713.
16a Professional fundraising fees (Part IX, column (A), line 11e)			25,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 285,909.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,664,527.	2,136,111.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,090,547.	12,300,634.
19 Revenue less expenses. Subtract line 18 from line 12	639,202.	3,778.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,306,781.	4,604,046.
	22 Net assets or fund balances. Subtract line 21 from line 20	865,919.	1,179,249.
		3,440,862.	3,424,797.

Part II Signature Block

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

Sign Here	▶ <u>Electronically Filed</u>	Date			
	Signature of officer				
Paid Preparer Use Only	Print/Type preparer's name Barbara Murphy	Preparer's signature <u>Barbara Murphy</u>	Date <u>1/31/20</u>	Check <input type="checkbox"/> if self-employed	PTIN P01386215
	Firm's name ▶ Blazek & Vetterling	Firm's address ▶ 2900 Wesleyan, Suite 200 Houston, TX 77027-5132	Firm's EIN ▶ 76-0269860	Phone no. (713) 439-5739	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of Collaborative for Children is to meaningfully improve the quality of early childhood education and care for Greater Houston's children through those who are most influential in their lives.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,696,042. including grants of \$ 4,167,550.) (Revenue \$ 1,128,063.)

Provider Engagement programs support and develop childcare and early education professionals through on-site mentoring and modeling, training for directors and teachers in early care and education programs, scholarships for professional development conferences, and wage enhancement programs to reward teachers for obtaining higher educational credentials. Our materials and equipment programs provide the use of learning resource materials and equipment to area early childhood educators and childcare providers. CFC works with eligible child care centers to assess their resource material/equipment needs.

4b (Code:) (Expenses \$ 1,356,678. including grants of \$ 43,350.) (Revenue \$ 40,628.)

Family Engagement programs provide families with information, resources and support to launch their children toward academic and life success by providing parent education, printed parenting tips, resource materials, and referrals for early education, after-school programs and children with special needs.

4c (Code:) (Expenses \$ 323,020. including grants of \$ 9,910.) (Revenue \$)

Community Engagement brings partners together, both regionally and across the state, to improve healthy child development through collaborative service delivery and through advocacy to strengthen policies, regulations and resources impacting young children.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,375,740.

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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		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? <i>If 'Yes,' complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	

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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 114		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	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. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	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:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 20 If there are material differences in voting rights among members See Sch. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official. See Schedule O.	X	
15 b	b Other officers or key employees of the organization. See Schedule O.	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
Ken Kramer 1111 North Loop West #600 Houston TX 77008 713-600-1196

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Laura Sayavedra Board Chair	3 0	X		X				0.	0.	0.
(2) Robert J. Eschweiler Vice Chair	2 0	X		X				0.	0.	0.
(3) Allie Falender Chair-Programs	2 0	X		X				0.	0.	0.
(4) Ana Hargrove-Baskharone Chair-Fund Dev	2 0	X		X				0.	0.	0.
(5) Janet Horton Chair-HR	2 0	X		X				0.	0.	0.
(6) George Martinez Chair-Dev	2 0	X		X				0.	0.	0.
(7) Stephanie Rudd Chair-Fin Comm	2 0	X		X				0.	0.	0.
(8) Bob Sparger Chair-AuditComm	2 0	X		X				0.	0.	0.
(9) Julie B. Alexander Director	1 0	X						0.	0.	0.
(10) Robert J. Austin Director	1 0	X						0.	0.	0.
(11) Barbara Bends Director	1 0	X						0.	0.	0.
(12) Dan F. Boyles, Jr. Director	1 0	X						0.	0.	0.
(13) Janice Character Director	1 0	X						0.	0.	0.
(14) Frank D. Cox, Jr. Director	1 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Darryl Montgomery Director	1 0	X					0.	0.	0.	
(16) Jenny Philip Director	1 0	X					0.	0.	0.	
(17) Sheryl Rapp Director	1 0	X					0.	0.	0.	
(18) Nasruddin Rupani Director	1 0	X					0.	0.	0.	
(19) Barbara Samuels Director	1 0	X					0.	0.	0.	
(20) Caren Sweetland Director	1 0	X					0.	0.	0.	
(21) Carol Shattuck (thru 07/18) President & CEO	50 0			X			155,301.	0.	5,175.	
(22) Melanie Johnson (as of 07/18) President & CEO	50 0			X			98,538.	0.	1,338.	
(23) Jerry McGreer VP & CFO	50 0			X			101,815.	0.	8,773.	
(24) Ray Mondragon VP Programs	50 0					X	125,110.	0.	8,579.	
(25) Jerry Kenny Resp & Rec Dir	50 0					X	105,146.	0.	8,093.	
1 b Sub-total							585,910.	0.	31,958.	
c Total from continuation sheets to Part VII, Section A							203,894.	0.	18,081.	
d Total (add lines 1b and 1c)							789,804.	0.	50,039.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6										

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 5,096,921.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 6,027,076.				
	g Noncash contributions included in lines 1a-1f: \$	1,629.				
	h Total. Add lines 1a-1f	▶ 11,123,997.				
Program Service Revenue	2 a <u>Bright Beginnings</u>		Business Code			
		611710	791,495.	791,495.		
	b <u>Childcare_QI-Baytown</u>	611710	159,504.	159,504.		
	c <u>Childcare training</u>	611710	153,611.	153,611.		
	d <u>Childcare MCUM</u>	611710	42,535.	42,535.		
	e <u>Other programs</u>	611710	21,546.	21,546.		
	f All other program service revenue					
g Total. Add lines 2a-2f	▶ 1,168,691.					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶ 11,724.			11,724.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions	▶ 12,304,412.	1,168,691.	0.	11,724.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,924,511.	3,924,511.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	296,299.	296,299.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	370,940.	290,707.	69,780.	10,453.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,668,848.	3,658,996.	878,288.	131,564.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,845.	45,333.	10,882.	1,630.
9 Other employee benefits	437,595.	342,945.	82,319.	12,331.
10 Payroll taxes	383,485.	300,539.	72,140.	10,806.
11 Fees for services (non-employees):				
a Management				
b Legal	1,950.		1,950.	
c Accounting	38,618.	28,123.	9,455.	1,040.
d Lobbying	3,307.	3,307.		
e Professional fundraising services. See Part IV, line 17	25,000.			25,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	657,892.	382,536.	274,484.	872.
12 Advertising and promotion	20,900.	2,150.	13,301.	5,449.
13 Office expenses	351,047.	265,807.	51,946.	33,294.
14 Information technology	185,091.	148,031.	24,064.	12,996.
15 Royalties				
16 Occupancy	351,962.	272,756.	69,485.	9,721.
17 Travel	177,001.	166,151.	5,504.	5,346.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	135,660.	110,739.	22,834.	2,087.
20 Interest	5,108.		5,108.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,224.	57,245.	16,660.	4,319.
23 Insurance	17,013.	13,061.	3,500.	452.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Staff development</u>	65,316.	59,940.	1,713.	3,663.
b <u>Public relations</u>	39,712.	4,729.	21,114.	13,869.
c <u>Membership dues</u>	7,310.	1,835.	4,458.	1,017.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,300,634.	10,375,740.	1,638,985.	285,909.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	2,386,128.	1	2,299,182.
	2 Savings and temporary cash investments.....	304,950.	2	1,158,979.
	3 Pledges and grants receivable, net.....	979,973.	3	554,573.
	4 Accounts receivable, net.....		4	3,574.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	90,025.	9	60,076.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 568,774.		
	b Less: accumulated depreciation.....	10b 323,911.	243,063.	10c 244,863.
	11 Investments – publicly traded securities.....		11	
	12 Investments – other securities. See Part IV, line 11.....	302,642.	12	282,799.
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).....		4,306,781.	16	4,604,046.
Liabilities	17 Accounts payable and accrued expenses.....	709,229.	17	760,050.
	18 Grants payable.....		18	
	19 Deferred revenue.....	44,989.	19	226,161.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	97,222.
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	111,701.	25	95,816.
	26 Total liabilities. Add lines 17 through 25.....		865,919.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	696,540.	27	712,450.
	28 Temporarily restricted net assets.....	2,494,322.	28	2,462,347.
	29 Permanently restricted net assets.....	250,000.	29	250,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.....	3,440,862.	33	3,424,797.
	34 Total liabilities and net assets/fund balances.....		4,306,781.	34

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,304,412.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,300,634.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,778.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,440,862.
5	Net unrealized gains (losses) on investments	5	-19,843.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,424,797.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	5,833,262.	5,799,682.	8,094,532.	7,635,017.	11123997.	38,486,490.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	5,833,262.	5,799,682.	8,094,532.	7,635,017.	11123997.	38,486,490.
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).						2,435,069.
6 Public support. Subtract line 5 from line 4.						36,051,421.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	5,833,262.	5,799,682.	8,094,532.	7,635,017.	11123997.	38,486,490.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	31.	25.	28.	549.	11,724.	12,357.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						38,498,847.
12 Gross receipts from related activities, etc. (see instructions)					12	5,441,772.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	93.64 %
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	89.20 %

16a **33-1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

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

Department of the Treasury
Internal Revenue Service

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

2018

Name of the organization

Collaborative for Children

Employer identification number

76-0228065

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Collaborative for Children	Employer identification number 76-0228065
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 254,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 4,295,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 3,617,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 292,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Collaborative for Children	Employer identification number 76-0228065
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 856,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 478,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Collaborative for Children	Employer identification number 76-0228065
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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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization Collaborative for Children	Employer identification number 76-0228065
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities')
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) ▶ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4 a Was a correction made? Yes No
b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying).....															
b Total lobbying expenditures to influence a legislative body (direct lobbying).....		3,307.													
c Total lobbying expenditures (add lines 1a and 1b).....		3,307.	0.												
d Other exempt purpose expenditures.....		12,272,327.													
e Total exempt purpose expenditures (add lines 1c and 1d).....		12,275,634.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.....		763,782.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f).....		190,946.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-.....		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-.....		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Lobbying nontaxable amount	527,188.	522,456.	554,527.	763,782.	2,367,953.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,551,930.
c Total lobbying expenditures	38,992.	3,949.	35,296.	3,307.	81,544.
d Grassroots nontaxable amount	131,797.	130,614.	138,632.	190,946.	591,989.
e Grassroots ceiling amount (150% of line 2d, column (e))					887,984.
f Grassroots lobbying expenditures	799.	742.	2,303.		3,844.

BAA

Schedule C (Form 990 or 990-EZ) 2018

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

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2 a	
b Carryover from last year.	2 b	
c Total.	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

Collaborative for Children

76-0228065

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	302,642.	264,213.	249,582.	252,138.	0.
b Contributions					250,000.
c Net investment earnings, gains, and losses	-19,843.	43,019.	14,631.	-2,556.	2,138.
d Grants or scholarships	8,968.	4,590.			
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	273,831.	302,642.	264,213.	249,582.	252,138.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 91.30 %
 - c Temporarily restricted endowment 8.70 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. See Part XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		23,178.	13,394.	9,784.
d Equipment		545,596.	310,517.	235,079.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 244,863.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>Interest in assets of GHCF</u>	282,799.	End of Year Market Value
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	282,799.	

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. N/A

(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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred facility rent	95,816.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	95,816.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,284,569.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2 a	-19,843.
	b Donated services and use of facilities	2 b	
	c Recoveries of prior year grants	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	-19,843.
3	Subtract line 2 e from line 1	3	12,304,412.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)	5	12,304,412.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,300,634.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII.)	2 d	
	e Add lines 2 a through 2 d	2 e	
3	Subtract line 2 e from line 1	3	12,300,634.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII.)	4 b	
	c Add lines 4 a and 4 b	4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)	5	12,300,634.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses Of Endowment Fund

To provide college, conference, professional development, and certification scholarships for preschool and early care teachers.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Collaborative for Children

Employer identification number

76-0228065

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Cate+Proctor Fundraising 2421 Tangley St Houston TX 77005	Grant Writing		X	1,426,304.	25,000.	1,401,304.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,426,304.	25,000.	1,401,304.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

TX

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	None (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
REVENUE	1	Gross revenue				
	2	Cash prizes				
DIRECT EXPENSES	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
DIRECT EXPENSES	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a 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 ▶ \$ _____
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 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 (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization Collaborative for Children

Employer identification number
76-0228065

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <u>A Brighter Day Qlty Learning</u> <u>8030 FM 1765 A101</u> <u>Texas City, TX 77591</u>	26-4813537		2,000.	12,999.	Cost	Equipment/ materials	Hurricane Harvey Relief
(2) <u>A Child's World Child Care</u> <u>5538 Dapplewood Ln</u> <u>Houston, TX 77449</u>		501 (c) (3)	0.	5,704.	Cost	Equipment/ materials	Hurricane Harvey Relief
(3) <u>A Place for Children Inc.</u> <u>12319 Bellaire Blvd Ste 700</u> <u>Houston, TX 77072</u>			0.	15,997.	Cost	Equipment/ materials	Hurricane Harvey Relief
(4) <u>ABC Academy LLC</u> <u>18916 Freeport Dr.</u> <u>Montgomery, TX 77356</u>	41-2262049		10,080.	7,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
(5) <u>ABC Children's Learning Ctr</u> <u>8385 Antoine Dr</u> <u>Houston, TX 77088</u>	90-0630983		0.	6,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
(6) <u>ABC-123 Childcare Learning Ct</u> <u>612 14th Ave N.</u> <u>Texas City, TX 77590</u>	46-2409522		9,300.	7,992.	Cost	Equipment/ materials	Hurricane Harvey Relief
(7) <u>Abundant Life Christian Schoo</u> <u>5130 Hallam Rd</u> <u>La Marque, TX 77568</u>	76-0164062	501 (c) (3)	5,344.	12,456.	Cost	Equipment/ materials	Hurricane Harvey Relief
(8) <u>Alexander's Academy Inc.</u> <u>625 Brandt Rd</u> <u>Spring, TX 77373</u>	76-0499067		2,252.	10,639.	Cost	Equipment/ materials	Hurricane Harvey Relief

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26
- 3 Enter total number of other organizations listed in the line 1 table ▶ 151

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships/Awards	821	63,973.			
2 Tuition assistance	55	27,605.			
3 Assessments/Accreditations	220	86,500.			
4 Salary Support - Child care workers	403	118,221.			
5 Individual Child care providers	12	80,925.	41,186.	FMV	Equipment/materials
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

CFC awards assessments, scholarships for training and scholarships for college tuition to individuals working in child care that apply and meet specific criteria. Payments for awards are made directly to educational institutions or other service providers for the benefit of the approved individual recipient and require no post-payment monitoring. Additionally, CFC awards salary incentive grants to organizations participating in CFC's quality improvement project. Prior to being awarded funds, the organizations are required to substantiate salaries to be paid and the amount of award requested. Following payment of the grant the recipient organizations are required to submit documentation substantiating payment of the salaries associated with the grant and compliance with the grant terms.

Continuation Sheet for Schedule I (Form 990)

2018

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 17

Name of the organization: Collaborative for Children
 Employer identification number: 76-0228065

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alpha Academy #3 4627 Vista Rd Houston, TX 77504	47-1224156		1,072.	5,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
Alpha Child Dev Ctr 15518 Silver Ridge Dr Houston, TX 77090				6,996.	Cost	Equipment/ materials	Hurricane Harvey Relief
America's Choice Children Ctr 1910 S Dairy Ashford Houston, TX 77077	76-0341619	501 (c) (3)		5,498.	Cost	Equipment/ materials	Hurricane Harvey Relief
Amviet Learning Ctr LLC 7419 S Kirkwood Rd Ste D Houston, TX 77072				10,272.	Cost	Equipment/ materials	Hurricane Harvey Relief
Apple of My Eye Academy 690 Normandy St Houston, TX 77015	26-3751222		1,843.	7,495.	Cost	Equipment/ materials	Hurricane Harvey Relief
Armenta's Early Childhood Dev 9910 Fuqua St Ste H Houston, TX 77075	33-1169526			9,779.	Cost	Equipment/ materials	Hurricane Harvey Relief
As We Grow Learning Center 9802 N Houston Rosslyn Houston, TX 77088				9,996.	Cost	Equipment/ materials	Hurricane Harvey Relief
Astro Learning & Daycare 2722 Pasadena Blvd Pasadena, TX 77502				5,496.	Cost	Equipment/ materials	Hurricane Harvey Relief
Bay Colony Children's House 689 FM 517 West Rd #50 Dickinson, TX 77539				12,871.	Cost	Equipment/ materials	Hurricane Harvey Relief
Big Blue Marble Academy 3001 W Bay Area Blvd Friendswood, TX 77546	27-2354576		3,996.	16,000.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

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Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>Blessed Hands</u> <u>1342 Galena Creek</u> Houston, TX 77086		501(c)(3)		5,199.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Blooming Daisies Learning Ctr</u> <u>17118 W Little York Rd #101</u> Houston, TX 77084	45-2967017		4,450.	12,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Building Blocks for Tots</u> <u>7326 Muirwood Lane</u> Houston, TX 77041				11,494.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Cadence Preschool</u> <u>12300 Queenston Blvd</u> Houston, TX 77095				15,889.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Candi's Day School</u> <u>4922 Perry St</u> Houston, TX 77021				9,992.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Chance 2 Grow Center</u> <u>5736 Avenue R</u> Galveston, TX 77551				8,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Childrens Lighthouse Mag Crk</u> <u>4496 W. League City Pkwy</u> League City, TX 77573	20-3819810		5,568.	9,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Computer Kids</u> <u>4614 Belle Park</u> Houston, TX 77072				5,497.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Copperfield KinderCare</u> <u>18035 Forest Heights Dr</u> Houston, TX 77095	06-1097006			5,498.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Cradles 2 Crayons Early Learn</u> <u>4930 Travis St</u> Houston, TX 77002	45-4592764		10,958.	8,488.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

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Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Creative Care Academy</u> <u>9660 Beechnut Ave</u> <u>Houston, TX 77036</u>	90-0108957		6,225.	5,996.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Day School for Little People</u> <u>2714 Ferry Rd</u> <u>Baytown, TX 77520</u>	74-1207550		14,410.	5,464.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Discovering Me Academy</u> <u>8021 Antoine Dr Ste A</u> <u>Houston, TX 77088</u>	45-5500707		4,698.	8,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Discovering Me Academy</u> <u>13826 Fleur De Lis Blvd</u> <u>Houston, TX 77429</u>				6,498.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Distinct Abilities</u> <u>14045 Space Center Blvd</u> <u>Houston, TX 77062</u>	46-4965461		1,621.	5,997.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Dominion Prep School & Child</u> <u>1023 Pinemont Dr</u> <u>Houston, TX 77018</u>				13,491.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Early Explorers Learning Acad</u> <u>12355 Wood Forest Dr</u> <u>Houston, TX 77013</u>				5,998.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Early Explorers Learning Acad</u> <u>14511 1/2 Wood Forest Blvd</u> <u>Houston, TX 77015</u>	45-4596006		4,561.	5,502.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Excelsior University-Children</u> <u>2600 Red Bluff Rd</u> <u>Seabrook, TX 77586</u>	76-0593900		5,176.	9,990.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>First Steps Early Lrng & Mont</u> <u>600 Avenue E 1/2</u> <u>Alvin, TX 77511</u>	90-0421663			16,495.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

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Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Genesis Learning Ctr-Downtown 2819 Caroline Houston, TX 77004	43-5612057			9,983.	Cost	Equipment/ materials	Hurricane Harvey Relief
George Bryan Christian School 5335 West Richey Rd Houston, TX 77066	61-1660416	501(c)(3)	325.	10,998.	Cost	Equipment/ materials	Hurricane Harvey Relief
Grace Academy Learning Ctr 3730 South Acres Houston, TX 77047	47-3817964			10,754.	Cost	Equipment/ materials	Hurricane Harvey Relief
Guiding Creative Learners 802 Wilson Rd Humble, TX 77338	82-1912223		636.	11,486.	Cost	Equipment/ materials	Hurricane Harvey Relief
Hand in Hand Child Dev 1012 E House St Alvin, TX 77511	74-1668472			8,541.	Cost	Equipment/ materials	Hurricane Harvey Relief
Infant Club Society for EBC 4003 Kelley St Houston, TX 77026				14,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
Ivy Kids Cinco Ranch 27270 Cinco Ranch Blvd Houston, TX 77494				12,500.	Cost	Equipment/ materials	Hurricane Harvey Relief
Jitter Bug Learning Center 12034 Ballardvale Ln Houston, TX 77067	45-2496763		8,599.	6,500.	Cost	Equipment/ materials	Hurricane Harvey Relief
Joann's Day Care and Camp 12510 Robert E Lee Rd Houston, TX 77044				14,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
Just 4 Kids Daycare 2818 Palmer Hwy Texas City, TX 77590				6,000.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

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Name of the organization

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Katy Kinder Prep</u> <u>5131 South Fry Rd Ste 100</u> <u>Katy, TX 77450</u>	80-0912615		9,951.	5,495.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>KB Kids Preschool & Daycare</u> <u>1118 Bayou Rd</u> <u>Houston, TX 77568</u>				10,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Key Concepts Kan Learning Ctr</u> <u>4245 Cook Rd</u> <u>Houston, TX 77072</u>			5,649.	5,994.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Kid n Play Daycare</u> <u>10560 Fugua Street</u> <u>Houston, TX 77089</u>	82-0931208		13,274.	6,600.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Kiddies Excel Academy 1</u> <u>3330 S Dairy Ashford Rd Ste D</u> <u>Houston, TX 77082</u>	46-1600364			14,998.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Kiddies Excel Academy 2</u> <u>7550 Creekbend Dr</u> <u>Houston, TX 77071</u>	46-1600364			11,999.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Kids Clubhouse</u> <u>11724 Grant Rd</u> <u>Cypress, TX 77429</u>				5,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Kids Learning Academy</u> <u>9101 Richmond Avenue</u> <u>Houston, TX 77063</u>				6,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Kids R Kids #16</u> <u>246 Fluor Daniel Dr</u> <u>Sugar Land, TX 77479</u>				5,999.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Kids R Kids #43</u> <u>20621 Kuykendahl Rd</u> <u>Spring, TX 77379</u>	20-1967121			5,995.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

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Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Kids Unlimited Daycare & Lng 12766 Veterans Memorial Dr Houston, TX 77014				9,999.	Cost	Equipment/ materials	Hurricane Harvey Relief
Kids World Learning Ctr 10083 FM 1097 Houston, TX 77318	84-1668723			15,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
Kidz Come 1st Daycare 10863 Kirkfair Dr Houston, TX 77089				15,953.	Cost	Equipment/ materials	Hurricane Harvey Relief
Kidz Country 2211 Airport Rd Houston, TX 77301			1,249.	7,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
Kidztown 1001 Uvalde Houston, TX 77015			3,026.	6,498.	Cost	Equipment/ materials	Hurricane Harvey Relief
Kidz World 14505 Gulf Freeway Houston, TX 77034				20,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
KinderCare Oakhurst 24717 Oakhurst Dr Spring, TX 77386	06-1097006			9,485.	Cost	Equipment/ materials	Hurricane Harvey Relief
KinderCare - TRS 602 W Pasadena Blvd Deer Park, TX 77356	47-4478313			5,016.	Cost	Equipment/ materials	Hurricane Harvey Relief
KinderCare - TRS 2550 W. Bay Area Blvd Friendswood, TX 77546	63-0941966			11,500.	Cost	Equipment/ materials	Hurricane Harvey Relief
KinderCare Learning Ctr 14614 Wallisville Rd Houston, TX 77047	63-0941966			5,500.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

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Name of the organization: Collaborative for Children
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KinderCare Learning Ctr 19151 Timber Forest Dr Humble, TX 77346	63-0941966			5,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
KinderCare Learning Ctr 9005 Forest Crossing Dr The Woodlands, TX 77381				5,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
KinderCare Learning Ctr 12002 Beamer Rd Houston, TX 77089				10,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
Kidz Paradise Childcare 2000 Cedar Dr La Marque, TX 77568				7,993.	Cost	Equipment/ materials	Hurricane Harvey Relief
Kollege 4 Kidz Learning Ctr 9999 W Montgomery Rd Ste D Houston, TX 77088				13,219.	Cost	Equipment/ materials	Hurricane Harvey Relief
Learning Minds Academy 821 Fairmont Parkway Pasadena, TX 77504	47-2569111		1,969.	5,996.	Cost	Equipment/ materials	Hurricane Harvey Relief
Lil Learners Academy 9712 Fondren Houston, TX 77096				8,971.	Cost	Equipment/ materials	Hurricane Harvey Relief
Lil' Pony Playhouse 7102 Livery Ln Cypress, TX 77433				5,300.	Cost	Equipment/ materials	Hurricane Harvey Relief
Lil'Ones Daycare Emporium 8151 E Houston Rd Houston, TX 77028	82-1666450		2,002.	7,500.	Cost	Equipment/ materials	Hurricane Harvey Relief
Lil'Ones Daycare Emporium 5802 Tidwell Houston, TX 77016				10,999.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

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Name of the organization

Collaborative for Children

Employer identification number

76-0228065

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Little Folks Day Care 1921 Johanna Dr Houston, TX 77055				9,998.	Cost	Equipment/ materials	Hurricane Harvey Relief
Little Hands Daycare 6714 Thornwall Houston, TX 77092				6,488.	Cost	Equipment/ materials	Hurricane Harvey Relief
Little Promise Keeper - TRS 12320 Cypress N Houston Rd Houston, TX 77429	20-5590084			5,500.	Cost	Equipment/ materials	Hurricane Harvey Relief
Look Who's Learning Daycare 7401 Alabonson Ste C Houston, TX 77088			11,200.	5,999.	Cost	Equipment/ materials	Hurricane Harvey Relief
Loving Care Learning Ctr 2822 Toyah Avenue Houston, TX 77039	76-0490904			9,896.	Cost	Equipment/ materials	Hurricane Harvey Relief
MI3 Ctr Academy 1135 Ella Crossing Dr Houston, TX 77090				5,498.	Cost	Equipment/ materials	Hurricane Harvey Relief
Mrs. Tammy's Learning Ctr 15311 Blueridge Rd Missouri City, TX 77489				5,500.	Cost	Equipment/ materials	Hurricane Harvey Relief
Ms. Linda's Child Care 5605 Lone Star Ct Houston, TX 77573				7,990.	Cost	Equipment/ materials	Hurricane Harvey Relief
Ms. Mary's Angels Daycare 8511 North Houston Rosslyn Rd Houston, TX 77088				12,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
Ms. Vidas 3D Discovery Kids 11590 Hughes Rd Ste A Houston, TX 77089				14,891.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

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Name of the organization: Collaborative for Children
 Employer identification number: 76-0228065

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
My Great Beginnings Lrng 1801 Country Place Pkwy #101 Pearland, TX 77584	20-3313105		7,581.	10,137.	Cost	Equipment/ materials	Hurricane Harvey Relief
NASA Kids Academy 17321 El Camino Real Houston, TX 77058			5,659.	10,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
New Addition Child Care 1100 Wilcrest Dr Ste 112 Houston, TX 77042	46-3797597		11,091.	9,300.	Cost	Equipment/ materials	Hurricane Harvey Relief
New Cyfair Kids Academy 6955 Barker Cypress Rd Houston, TX 77084				5,496.	Cost	Equipment/ materials	Hurricane Harvey Relief
New Horizons 515 E. Sam Houston Pkwy Pasadena, TX 77505				6,794.	Cost	Equipment/ materials	Hurricane Harvey Relief
Nolans Child Care Center 902 32nd St Galveston, TX 77550				12,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
Northchase Learning Ctr 14400 West Sylvan Field Dr Houston, TX 77014				5,500.	Cost	Equipment/ materials	Hurricane Harvey Relief
NuGeneration of Kids Learning 439 Brushy Glen Dr Houston, TX 77073	45-2578679			8,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
Pilgrim Day Care Ctr 3115 Blodgett Houston, TX 77004				12,909.	Cost	Equipment/ materials	Hurricane Harvey Relief
Precious Stones Academy 7518 E. Mount Houston Rd Houston, TX 77050	46-3383748		3,439.	14,133.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

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Name of the organization

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Prejean 1st Christian Academy 600 E Little York Rd Bldg 61 Houston, TX 77076		501(c)(3)		8,998.	Cost	Equipment/ materials	Hurricane Harvey Relief
Raintree Academy 4515 Treaschwig Rd Spring, TX 77373				6,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
Red Apple Private School 7605 Bissonnet Street Houston, TX 77074				10,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
Scribbles Academy/Montessori 940 South Fry Rd Katy, TX 77450	76-0502887	501(c)(3)	5,955.	6,890.	Cost	Equipment/ materials	Hurricane Harvey, UWBB
Shining Stars 5201 Broadway A Galveston, TX 77551	02-0694587		8,392.	6,714.	Cost	Equipment/ materials	Hurricane Harvey Relief
Shirley White Child Dev Ctr 22711 Community Dr New Caney, TX 77357				5,999.	Cost	Equipment/ materials	Hurricane Harvey Relief
Small Steps Nurturing Ctr 2902 Jensen Dr Houston, TX 77026	76-0471755	501(c)(3)		6,497.	Cost	Equipment/ materials	Hurricane Harvey Relief
Smile Little Angel 4038 Ashview Ln Fresno, TX 77545				7,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
Solid Rock Preschool & ELC 1407 Lacy Dr Baytown, TX 77520	42-1626215		7,812.	9,496.	Cost	Equipment/ materials	Hurricane Harvey Relief
Something Special Children's 9602 Fulton Houston, TX 77076	47-4383178		9,897.	11,065.	Cost	Equipment/ materials	Hurricane Harvey Relief

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Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
__ Sowing & Growing Childcare __ __ 20035 Silver Rock Dr __ __ Katy, TX 77449 __			2,981.	6,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ Spiritual BeginningsChildcare __ __ 12677 Hiram Clarke __ __ Houston, TX 77045 __		501(c)(3)		10,098.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ Spring Branch KinderCare __ __ 10170 Emnora Lane __ __ Houston, TX 77080 __	63-0941966			5,414.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ Spring Woods Christian Acad __ __ 1711 FM 1906 West __ __ Houston, TX 77090 __		501(c)(3)		12,494.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ St Ignatius Loyola Early Chld __ __ 7810 Cypress Dr __ __ Spring, TX 77379 __	76-0149753	501(c)(3)		6,817.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ St Thomas Episc Early Child __ __ 4900 Jackwood __ __ Houston, TX 77096 __	74-2068759	501(c)(3)		5,500.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ Star Kids Education & Day Ctr __ __ 720 Main Street __ __ Texas City, TX 77590 __				10,496.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ StarKids Academy __ __ 4310 Bailey Rd #109 __ __ Pearland, TX 77584 __	47-4703218		5,349.	6,183.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ Stay & Play Daycare Ctr #2 __ __ 807 Peakwood Dr #2 __ __ Houston, TX 77090 __				5,498.	Cost	Equipment/ materials	Hurricane Harvey Relief
__ Stay & Play Daycare Ctr #1 __ __ 1206 Aldine Bender __ __ Houston, TX 77032 __				5,965.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sunshine Children's Academy 1475 E South St Alvin, TX 77511	21-4571243		1,720.	8,496.	Cost	Equipment/ materials	Hurricane Harvey Relief
Super Kids Academy 9925 North Houston Rossllyn Rd Houston, TX 77088	80-0654003			15,118.	Cost	Equipment/ materials	Hurricane Harvey Relief
Tarkington Learning Centre 2520 FM 163 Cleveland, TX 77575				12,976.	Cost	Equipment/ materials	Hurricane Harvey Relief
Texas Medical Ctr YMCA - CBFB 5614 H Mark Croswell Jr St Houston, TX 77021		501(c)(3)		10,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
The Imani School 12401 South Post Oak Rd Houston, TX 77045		501(c)(3)		16,243.	Cost	Equipment/ materials	Hurricane Harvey Relief
The Little Rascals Child Care 19935 Highway 6 Manvel, TX 77578	46-2333213		6,000.	13,997.	Cost	Equipment/ materials	Hurricane Harvey Relief
The Real Incredible Kids 1401 Woodlawn Street Baytown, TX 77520	47-5394569		750.	6,900.	Cost	Equipment/ materials	Hurricane Harvey Relief
The Rose Accelerated Learning 3618 Stassen St Houston, TX 77051	82-4271621		2,850.	8,381.	Cost	Equipment/ materials	Hurricane Harvey Relief
The Roundup Corral 7707 FM 3180 Baytown, TX 77523	27-0663842			11,000.	Cost	Equipment/ materials	Hurricane Harvey Relief
Tiny Feet Child Care 13839 Beckwith Houston, TX 77014	41-1580387		5,200.	5,957.	Cost	Equipment/ materials	Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

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Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Tiny Feet Child Care</u> <u>11360 Westheimer Rd</u> Houston, TX 77077				10,494.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>TNT Learning Center</u> <u>12031 Blue Mountain Dr</u> Houston, TX 77067	46-0476300		1,028.	9,497.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Toddler House 5</u> <u>150 E West Rd</u> Houston, TX 77099				5,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Tomorrow's Future Development</u> <u>8514 C E King Pkwy Ste F</u> Houston, TX 77044	20-4064302		10,914.	5,499.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Upbring Head Start</u> <u>3008 Le Tulle Ave</u> Bay City, TX 77414				5,492.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Wiz Children's Academy #1</u> <u>9561 FM 1960 W</u> Houston, TX 77070				5,991.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Wiz Children's Academy #2</u> <u>5522 Highway 6 N</u> Houston, TX 77084				5,782.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Wiz Kids Daycare & Academy</u> <u>8200 N Main St</u> Baytown, TX 77521				5,498.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>Young & Gifted Learning Ctr</u> <u>10300 Bammel N Houston Rd</u> Houston, TX 77086	75-3215068		2,375.	9,025.	Cost	Equipment/ materials	Hurricane Harvey Relief
<u>A Life Christian Academy</u> <u>6020 Guadalupe St</u> Houston, TX 77016	76-0502438	501 (c) (3)	5,224.				Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 14 of 17

Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Positive Place Child Care 20815 Hickory Farm Dr Katy, TX 77449	30-0689247		8,484.				Hurricane Harvey Relief
AAMA Child Care 6001 Gulf Freeway Houston, TX 77023	74-1696961	501 (c) (3)	15,381.				UWBB Salary Incentive
ABC and 123 Learning Center 22585 Community Dr New Caney, TX 77537	46-2409522		14,013.				UWBB Salary Incentive
ABC123ACatMe 10914 Cullen Blvd Houston, TX 77047	76-0207056		8,512.				Hurricane Harvey Relief
Alpha Montessori School 1908 Hialeah Dr Seabrook, TX 77586			7,203.				Hurricane Harvey Relief
Alpha Academy #1 1647 Candytuft Ct Houston, TX 77038	20-5253656		5,700.				UWBB Salary Incentive
Angelitos Childcare 11823 Brandon Houston, TX 77072			8,500.				Hurricane Harvey Relief
Blossom Heights Child Dev Ctr 8702 Lipan Rd Houston, TX 77063	26-4463717	501 (c) (3)	7,947.				UWBB Salary Incentive
B's Children's World Academy 8605 Mesa Dr Houston, TX 77028			20,000.				Hurricane Harvey Relief
Chinese Community Center 9800 Town Park Houston, TX 77036	76-0067885	501 (c) (3)	15,189.				UWBB Salary Incentive

Continuation Sheet for Schedule I (Form 990)

2018

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Continuation Page 15 of 17

Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Community Partners ECDC 4901 Lockwood St Houston, TX 77026	61-1605530	501 (c) (3)	10,000.				Hurricane Harvey Relief
Emmanuel Episcopal School 15015 Memorial Dr Houston, TX 77079	76-0295312		15,430.				Hurricane Harvey Relief
Excellence Academy 3905 Deats Rd Dickinson, TX 77539	26-1421975		11,500.				Hurricane Harvey Relief
Footprints Childcare & Lrng 1706 James Bowie Dr Baytown, TX 77520	20-5181161		7,397.				Hurricane Harvey Relief
High Achievers Learning Ctr 10001 Spencer Highway LaPorte, TX 77571	20-8492494		8,078.				Hurricane Harvey Relief
House of Tiny Treasures 1529 Lombardy St Houston, TX 77023	76-0260430	501 (c) (3)	11,149.				UWBB Salary Incentive
Jocquette's Kiddie Place 6310 Leesdale Street Houston, TX 77016			8,529.				Hurricane Harvey Relief
Katy Islamic Academy 1800 Baker Rd Houston, TX 77094	26-4262641	501 (c) (3)	7,511.				Hurricane Harvey Relief
Key Concepts Kan Learning Ctr 14001 Post Oak Rd Houston, TX 77045	47-4162479		7,016.				Hurricane Harvey Relief
Kids R Kids #1 Cinco Ranch 21955 Westheimer Parkway Katy, TX 77450	20-8085365		8,886.				Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 16 of 17

Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>King's Kids Child Care</u> <u>13323 Chanel Dr</u> Houston, TX 77044			17,993.				UWBB Salary Incentive
<u>Koala Club Inc.</u> <u>1033 Fairmont Parkway</u> Pasadena, TX 77504	26-2593935		13,106.				Hurricane Harvey Relief
<u>Little Geniuses Academy</u> <u>150 Isaacks Rd</u> Humble, TX 77338	46-4776760		14,323.				Hurricane Harvey Relief
<u>Little Hearts Learning Acad</u> <u>5738 Strong Creek Dr</u> Houston, TX 77084	80-0265282		14,316.				Hurricane Harvey Relief
<u>Noah's Learn and Play</u> <u>809 Iowa St</u> S Houston, TX 77587	20-3858955		16,020.				Hurricane Harvey Relief
<u>Pearland Private Preschool</u> <u>6516 Broadway St</u> Pearland, TX 77581			6,450.				Hurricane Harvey Relief
<u>Peter Hyland CCC</u> <u>1906 Decker Dr</u> Baytown, TX 77520	74-6000251	501 (c) (3)	18,795.				UWBB Salary Incentive
<u>Sharpstown KinderCare</u> <u>6767 Rookin Rd</u> Houston, TX 77074	06-1097006		5,700.				Hurricane Harvey Relief
<u>Smart Scholars Academy</u> <u>3615 Flannery Ridge Lane</u> Houston, TX 77047			5,737.				Hurricane Harvey Relief
<u>Smartie Pants Academy Center</u> <u>18855 West Little York</u> Katy, TX 77449	45-5279101		11,579.				Hurricane Harvey Relief

Continuation Sheet for Schedule I (Form 990)

2018

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 17 of 17

Name of the organization Collaborative for Children	Employer identification number 76-0228065
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Spring ISD 16717 Ella Blvd Houston, TX 77090		501(c)(3)	7,697.				UWBB Salary Incentive
Star of Hope Mission 3801 Ardmore Houston, TX 77054	74-1152599	501(c)(3)	11,370.				UWBB Salary Incentive
Stream of Life Christian Acad 720 Cedar Bayou Rd Baytown, TX 77520	47-3142792		8,836.				Hurricane Harvey Relief
Successful Starters Learning 10635 Homestead Rd Ste B Houston, TX 77016	87-0750983		5,870.				Hurricane Harvey Relief
Tammy's Precious Little Angel 4802 Majestic Houston, TX 77026	48-1274873		19,360.				Hurricane Harvey Relief
The Bridge - Destiny Village 701 Fairmont Pkwy Pasadena, TX 77504	74-1989590	501(c)(3)	9,407.				UWBB Salary Incentive
The Koolest Learning Center 1703 East Fayle St Baytown, TX 77520			14,900.				Hurricane Harvey Relief
Virginia Noah's Ark Childcare 2009 Merle Street Pasadena, TX 77502		501(c)(3)	6,071.				Hurricane Harvey Relief
Stepping Stones 6506 Wellington Meadows Dr Katy, TX 77449	94-3445240		7,465.				Hurricane Harvey Relief

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Collaborative for Children

Employer identification number

76-0228065

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a**
- b** Any related organization? **5 b**
- If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a**
- b** Any related organization? **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. **8**

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Carol Shattuck (thru 07/18) 1 President & CEO	(i)	155,301.	0.	0.	1,809.	3,366.	160,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

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Collaborative for Children

Employer identification number

76-0228065

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The Executive Committee is composed of certain officers of the Board of Directors, including the Board Chair, Vice Chair and the various Committee Chairs. The Executive Committee recommends actions for approval of the full Board and may act on behalf of the Board to deal with urgent situations between Board meetings or when specific authority is delegated by the Board.

Form 990, Part VI, Line 11b - Form 990 Review Process

The organization works with its independent accounting firm to provide and review the information necessary to prepare Form 990. A draft of Form 990 is circulated to key staff and to the Finance Committee composed of board members and community volunteers for review and discussion. It is provided to the Executive Committee and the full Board of Directors prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Employees: Upon hire, all employees sign an acknowledgment of having read and understood the conflict of interest policy. Those personnel policies which require any notification changes (personal information, conflict of interest, etc.) are highlighted annually during an all-staff meeting. Employees must notify their supervisors of any potential conflict; supervisors then meet with HR staff to make a final determination as to whether a conflict (actual or perceived) exists and what appropriate action must be taken.

Directors: Board members execute an acknowledgment annually that they have read and understood the conflict of interest policy. They must notify the President/CEO of a conflict (actual or perceived) and refrain from voting at board meetings on decisions which may be associated with a potential conflict of interest.

Name of the organization

Collaborative for Children

Employer identification number

76-0228065

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Chair of the Board of Directors conducts the annual performance review for the President/CEO. External compensation surveys and other market data are considered in setting compensation. The Executive Committee of the Board approves merit-based and market rate adjustments.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Performance reviews are conducted annually for all other officers, key employees and all other employees. A merit pool amount is approved annually by the Board of Directors and merit is awarded according to performance ratings. The agency participates every two years in a market survey of compensation for nonprofit organizations. Results from this survey along with other market data sources are reviewed by a committee of the Board of Directors and the HR Department. Salary adjustments are made as necessary in order to remain competitive with peer agencies and these adjustments are approved by a committee of the Board of Directors.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request and through national and local bodies providing public information including Guidestar and DonorHouston.