

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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 Name of organization CHILDREN'S INN AT NIH, INC. Doing business as THE CHILDREN'S INN AT NIH, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7 WEST DRIVE City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814 F Name and address of principal officer: JENNIE LUCCA SAME AS C ABOVE	D Employer identification number 52-1638207 E Telephone number (301) 496-5672 G Gross receipts \$ 11,226,496. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.CHILDRENSINN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1988 M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO KEEP FAMILIES TOGETHER DURING ILLNESS IN A SUPPORTIVE, THERAPEUTIC, & EDUCATIONAL ENVIRONMENT. 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 2019 (Part V, line 2a) 5 52 6 Total number of volunteers (estimate if necessary) 6 193 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,094,027. Prior Year 6,256,363. Current Year 9 Program service revenue (Part VIII, line 2g) 986,121. 952,251. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,000,250. 1,864,335. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 344,339. -74,245. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,424,737. 8,998,704.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 32,115. 76,800. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,682,218. 4,237,378. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 63,300. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,528,688. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,016,501. 4,726,479. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,730,834. 9,103,957. 19 Revenue less expenses. Subtract line 18 from line 12 693,903. -105,253.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 62,318,561. Beginning of Current Year 63,199,204. End of Year 21 Total liabilities (Part X, line 26) 944,632. 1,721,702. 22 Net assets or fund balances. Subtract line 21 from line 20 61,373,929. 61,477,502.	

Part II Signature Block

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

Sign Here	Signature of officer JENNIE LUCCA, CHIEF EXECUTIVE OFFICER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name MIKE SORRELLS	Preparer's signature 	Date 10/15/20	Check if self-employed <input type="checkbox"/>	PTIN P00001737
	Firm's name ▶ RSM US LLP Firm's address ▶ 2021 L STREET NW #400 WASHINGTON, DC 20036	Firm's EIN ▶ 42-0714325 Phone no. 202-293-2200			

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 [X]

1 Briefly describe the organization's mission: THE CHILDREN'S INN AT NIH, INC. (THE INN) IS A PRIVATE, NONPROFIT RESIDENCE FOR FAMILIES AND THEIR CHILDREN WHO ARE PARTICIPATING IN PEDIATRIC RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH'S (NIH) CLINICAL CENTER. THE INN'S MISSION IS TO FULLY AND CONSISTENTLY MEET

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 3,608,014. including grants of \$ 0.) (Revenue \$ 952,251.) HOUSING - THE CHILDREN'S INN AT NIH IS A HOSPITAL HOSPITALITY HOUSE THAT PROVIDES FREE LODGING AND SUPPORT SERVICES FOR CHILDREN AND THEIR FAMILIES PARTICIPATING IN CLINICAL RESEARCH STUDIES AT THE NATIONAL INSTITUTES OF HEALTH (NIH), THE WORLD'S LARGEST BIOMEDICAL RESEARCH HOSPITAL. FAMILIES WHO STAY AT THE INN HAVE PEDIATRIC AND YOUNG ADULT PATIENTS WITH RARE, UNDIAGNOSED, OR LIFE-THREATENING, CATASTROPHIC DISEASES THAT CANNOT BE SUCCESSFULLY TREATED OR CURED OUTSIDE OF CLINICAL RESEARCH STUDIES. OVER THE PAST 30 YEARS, MORE THAN 16,000 CHILDREN AND YOUNG ADULTS FROM 104 COUNTRIES HAVE CALLED THE INN HOME.

OUR MISSION IS TO PROVIDE A "PLACE LIKE HOME" FOR FAMILIES TO STAY TOGETHER COMFORTABLY AT NO COST. THE STUDIES CHILDREN AND YOUNG ADULTS

4b (Code:) (Expenses \$ 2,301,594. including grants of \$ 76,800.) (Revenue \$ 0.) RESIDENT SERVICES - THE CHILDREN'S INN AT NIH WAS FOUNDED 30 YEARS AGO TO PROVIDE A COMFORTABLE AND NURTURING "PLACE LIKE HOME" FREE OF CHARGE TO CHILDREN AND THEIR FAMILIES PARTICIPATING IN CLINICAL RESEARCH STUDIES AT THE NATIONAL INSTITUTES OF HEALTH (NIH). FAMILIES WHO STAY AT THE INN HAVE PEDIATRIC AND YOUNG ADULT PATIENTS WITH RARE, UNDIAGNOSED, OR LIFE-THREATENING DISEASES THAT CANNOT BE SUCCESSFULLY TREATED OR CURED OUTSIDE OF CLINICAL RESEARCH STUDIES. FOR MANY, IT IS THEIR BEST HOPE FOR A DIAGNOSIS, TREATMENT OR CURE. IN ADDITION TO PROVIDING FREE LODGING FOR THE ENTIRE FAMILY, OUR GOALS ARE TO MAKE CHILDHOOD POSSIBLE, RELIEVE THE BURDEN OF ILLNESS ON FAMILIES AND HELP ADVANCE NIH CLINICAL RESEARCH. THE INN'S RESIDENT SERVICES TEAM IS PRIMARILY RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING PROGRAMS THAT

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,909,608.

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> ?	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 donor-restricted endowments or in 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</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>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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	38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 47	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included on line 1a, above, who are independent (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, 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); 7a 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); 7b 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: a The governing body? (X); 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 on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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 AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JEAN BUERGLER - (301) 496-5672
7 WEST DRIVE, BETHESDA, MD 20814

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) BETH MALONEY CHAIR	4.00	X		X				0.	0.	0.
(2) SUSAN PENFIELD VICE CHAIR	2.00	X		X				0.	0.	0.
(3) COKIE ROBERTS SECRETARY (TIL 9/19)	2.00	X		X				0.	0.	0.
(4) BRIAN KELLY SECRETARY (FROM 9/19)	2.00	X		X				0.	0.	0.
(5) MATT BELL, PHD TREASURER	2.00	X		X				0.	0.	0.
(6) LOIS ALPERSTEIN DIRECTOR	1.00	X						0.	0.	0.
(7) TIMOTHY J. ATKIN DIRECTOR	1.00	X						0.	0.	0.
(8) DIANE BAKER DIRECTOR	1.00	X						0.	0.	0.
(9) PRACHEE DEVADAS DIRECTOR	1.00	X						0.	0.	0.
(10) ERIN DARLING, J.D. DIRECTOR	1.00	X						0.	0.	0.
(11) CHRISTINE GRADY, MSN, PHD DIRECTOR	1.00	X						0.	0.	0.
(12) BETH MEAGHER DIRECTOR	1.00	X						0.	0.	0.
(13) KAMAL NARANG DIRECTOR	1.00	X						0.	0.	0.
(14) JILL OLMSTEAD DIRECTOR	1.00	X						0.	0.	0.
(15) KRISTINE RIBAS DIRECTOR	1.00	X						0.	0.	0.
(16) RYAN A. RIEL DIRECTOR	1.00	X						0.	0.	0.
(17) CONSTANTINE STRATAKIS, MD DIRECTOR	1.00	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 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			
(18) PORTER SHIFFLETT DIRECTOR	1.00	X						0.	0.	0.
(19) SCOTT VOGEL DIRECTOR	1.00	X						0.	0.	0.
(20) DANIEL L. WEAVER, CPA DIRECTOR	1.00	X						0.	0.	0.
(21) LIZ WURSTER DIRECTOR	1.00	X						0.	0.	0.
(22) ROBERT J. FILIPPONE, PHD DIRECTOR (TIL 10/19)	1.00	X						0.	0.	0.
(23) NEAL KATYAL, JD DIRECTOR (TIL 10/19)	1.00	X						0.	0.	0.
(24) KELVIN WOMACK DIRECTOR (TIL 10/19)	1.00	X						0.	0.	0.
(25) JENNIE LUCCA CHIEF EXECUTIVE OFFICER	40.00			X				253,959.	0.	48,148.
(26) JEAN BUERGLER SR. DIRECTOR OF FINANCE	40.00			X				134,118.	0.	22,284.
1b Subtotal								388,077.	0.	70,432.
c Total from continuation sheets to Part VII, Section A								870,777.	0.	139,357.
d Total (add lines 1b and 1c)								1,258,854.	0.	209,789.

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 **8**

	Yes	No
3 Did the organization list any former officer, director, 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
CROTHALL HEALTHCARE, 13028 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	HOUSEKEEPING SERVICES	701,998.
MINDSET DIRECT, 12110 SUNSET HILLS ROAD, STE 600, RESTON, VA 20190	FUNDRAISING SERVICES	251,912.
GENSLER, 4541 COLLECTION CENTER DR, CHICAGO, IL 60693	MASTER PLANNING SERVICES	156,329.
PERKINS EASTMAN 115 FIFTH AVE, NEW YORK, NY 10003-1004	ARCHITECTURAL SERVICES	121,284.
WELLS FARGO BANK, N.A. 550 SOUTH 4TH ST, MINNEAPOLIS, MN 55415	INVESTMENT ADVISOR	101,155.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 74,904.					
	b Membership dues	1b					
	c Fundraising events	1c 1,566,646.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,614,813.					
	g Noncash contributions included in lines 1a-1f	1g \$ 1,530,583.					
	h Total. Add lines 1a-1f		6,256,363.				
Program Service Revenue	2 a PATIENT LODGING	Business Code 900099	952,251.	952,251.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		952,251.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,361,082.			1,361,082.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,574,817.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b 2,066,544.	5,020.				
	c Gain or (loss)	7c 508,273.	-5,020.				
d Net gain or (loss)		503,253.			503,253.		
8 a Gross income from fundraising events (not including \$ 1,566,646. of contributions reported on line 1c). See Part IV, line 18	8a		72,934.				
			156,228.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-83,294.		-83,294.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code 900099	9,049.			9,049.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		9,049.				
12 Total revenue. See instructions		8,998,704.	952,251.	0.	1,790,090.		

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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	76,800.	76,800.		
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	739,840.	136,250.	343,655.	259,935.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,686,504.	1,608,281.	529,706.	548,517.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	237,483.	142,919.	45,970.	48,594.
9 Other employee benefits	346,866.	222,162.	62,450.	62,254.
10 Payroll taxes	226,685.	117,184.	56,399.	53,102.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,455.		8,455.	
c Accounting	32,000.		32,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	63,300.			63,300.
f Investment management fees	146,747.		146,747.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	78,888.	53,152.	13,114.	12,622.
12 Advertising and promotion	582,393.	146,023.	57,111.	379,259.
13 Office expenses	116,193.	67,164.	31,082.	17,947.
14 Information technology	257,642.	104,242.	111,349.	42,051.
15 Royalties				
16 Occupancy	54,958.	51,661.	3,297.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	128,681.	19,527.	99,117.	10,037.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,307,873.	1,203,243.	91,551.	13,079.
23 Insurance	39,896.	11,812.	23,110.	4,974.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLEANING	689,132.	672,592.	5,513.	11,027.
b RESIDENT PROGRAMMING	503,964.	503,964.		
c FACILITIES & EQUIPMENT	431,390.	428,667.	2,723.	
d RESIDENT SUPPLIES	299,949.	299,949.		
e All other expenses	48,318.	44,016.	2,312.	1,990.
25 Total functional expenses. Add lines 1 through 24e	9,103,957.	5,909,608.	1,665,661.	1,528,688.
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)	385,651.	112,298.	125,138.	148,215.

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	14,989.	1	13,457.
	2 Savings and temporary cash investments	1,079,436.	2	1,830,175.
	3 Pledges and grants receivable, net	1,062,328.	3	565,463.
	4 Accounts receivable, net	219,819.	4	46,656.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,195.	8	19,504.
	9 Prepaid expenses and deferred charges	102,306.	9	106,230.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,394,524.		
	b Less: accumulated depreciation	10b 9,888,245.	3,131,647.	10c 3,506,279.
	11 Investments - publicly traded securities	56,686,841.	11	57,111,440.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	62,318,561.	16	63,199,204.	
Liabilities	17 Accounts payable and accrued expenses	914,632.	17	1,095,300.
	18 Grants payable		18	
	19 Deferred revenue	30,000.	19	9,000.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	0.	25	617,402.
	26 Total liabilities. Add lines 17 through 25	944,632.	26	1,721,702.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,395,962.	27	24,572,728.
	28 Net assets with donor restrictions	34,977,967.	28	36,904,774.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	61,373,929.	32	61,477,502.
	33 Total liabilities and net assets/fund balances	62,318,561.	33	63,199,204.

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	8,998,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,103,957.
3	Revenue less expenses. Subtract line 2 from line 1	3	-105,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,373,929.
5	Net unrealized gains (losses) on investments	5	208,826.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	61,477,502.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
If the organization changed either its oversight process or selection process during the tax year, explain on 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Copy for Public Inspection

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4974294.	5681551.	5267008.	5094027.	6256363.	27273243.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	2908141.	2734859.	2778247.	2796161.	2823175.	14040583.
4 Total. Add lines 1 through 3	7882435.	8416410.	8045255.	7890188.	9079538.	41313826.
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)						539,204.
6 Public support. Subtract line 5 from line 4.						40774622.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	7882435.	8416410.	8045255.	7890188.	9079538.	41313826.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1483599.	1152163.	1666624.	3020976.	1361082.	8684444.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,162.	3,777.	196.	526,361.	9,049.	541,545.
11 Total support. Add lines 7 through 10						50539815.
12 Gross receipts from related activities, etc. (see instructions)					12	2,257,051.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	80.68 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	77.60 %
16a 33 1/3% support test - 2019. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2015 AMOUNT: \$ 2,162.

2016 AMOUNT: \$ 3,777.

2017 AMOUNT: \$ 196.

2018 AMOUNT: \$ 5,222.

2019 AMOUNT: \$ 9,049.

INSURANCE CLAIMS

2018 AMOUNT: \$ 521,139.

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Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2019

Name of the organization

CHILDREN'S INN AT NIH, INC.

Employer identification number

52-1638207

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, 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).

Name of organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>501,875.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>378,538.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>305,592.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>151,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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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
1	STOCK _____ _____ _____	\$ 501,875.	10/25/19
3	STOCK _____ _____ _____	\$ 305,592.	11/20/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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Name of organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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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

2019

Open to Public Inspection

Name of the organization CHILDREN'S INN AT NIH, INC. Employer identification number 52-1638207

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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 make 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 program
 - 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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 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
1a Beginning of year balance	30,854,553.	28,852,173.	26,494,725.	22,990,935.	22,452,850.
b Contributions	455,629.	186,660.	928,217.	1,324,137.	530,976.
c Net investment earnings, gains, and losses	1,054,505.	1,850,865.	1,452,751.	2,179,653.	7,109.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,185.	35,145.	23,520.		
f Administrative expenses					
g End of year balance	32,351,502.	30,854,553.	28,852,173.	26,494,725.	22,990,935.

- 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 87.16 %
 - c Term endowment 12.84 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,673,912.	7,062,626.	1,611,286.
d Equipment		3,212,007.	2,675,422.	536,585.
e Other		1,508,605.	150,197.	1,358,408.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,506,279.

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL PROTECTION PROGRAM LOAN	617,402.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	617,402.

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

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	12,112,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	208,826.
b	Donated services and use of facilities	2b	2,895,840.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	156,228.
e	Add lines 2a through 2d	2e	3,260,894.
3	Subtract line 2e from line 1	3	8,851,957.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	146,747.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	146,747.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,998,704.

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	12,009,278.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,895,840.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	156,228.
e	Add lines 2a through 2d	2e	3,052,068.
3	Subtract line 2e from line 1	3	8,957,210.
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	4a	146,747.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	146,747.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,103,957.

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:

THE INN HOLDS VARIOUS PERMANENTLY RESTRICTED ENDOWMENTS, WHICH ARE DESCRIBED AS FOLLOWS:

SANOFI AVENTIS LEGACY FUND - THIS FUND WAS ESTABLISHED IN 2008 TO SUPPORT THE NEEDS OF CHILDREN AND FAMILIES RECEIVING MEDICAL CARE AT THE NIH.

THE MERCK COMPANY FOUNDATION FUND - THIS FUND WAS ESTABLISHED IN 1996 TO PROVIDE SUPPORT FOR FUTURE OPERATING EXPENSES OF THE INN.

THE WEINBERG FOUNDATION FUND - THIS FUND WAS ESTABLISHED IN 1993 THROUGH RESTRICTED CONTRIBUTIONS FROM DONORS TO SUBSIDIZE VARIOUS PROGRAMS AND

Part XIII Supplemental Information (continued)

SERVICES FOR TEMPORARY RESIDENTS AND VISITORS OF THE INN.

THE JOYCE A. JENKINS ENDOWMENT FUND - THIS FUND WAS ESTABLISHED IN 2006 TO SUPPORT THE NEEDS OF CHILDREN AND THEIR FAMILIES RECEIVING MEDICAL CARE AT THE NIH.

GENERAL ENDOWMENT FUND - THE PURPOSE OF THIS FUND IS TO PROVIDE INVESTMENT INCOME TO BE USED FOR OPERATING EXPENSES.

ROBERT JAMES FITZGERALD ENDOWMENT FUND - THIS FUND WAS ESTABLISHED IN 2008 TO PROVIDE SUPPORT FOR FUTURE OPERATING EXPENSES OF THE INN.

AFCEA ENDOWMENT FUND - THIS FUND WAS ESTABLISHED IN 2008 TO ENSURE THAT CHILDREN AND THEIR FAMILIES RECEIVE THE UTMOST CARE AND COMFORT DURING THEIR STAY AT THE INN.

ROSE AND HAROLD KRAMER ENDOWMENT FUND - THIS FUND WAS ESTABLISHED IN 2007 TO RAISE FUNDS TO PROVIDE SERVICES TO CHILDREN AND/OR FOR RESEARCH PURPOSES.

OTHER - USED FOR DESIGNATED PURPOSE OR, IF NO SPECIAL PURPOSE WAS SPECIFIED, FOR GENERAL OPERATING EXPENSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 156,228.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 156,228.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ONLINE AUCTION (event type)	CONGRESSIONAL RECEPTION (event type)	2 (total number)		
Revenue	1	Gross receipts	1,257,370.	225,300.	156,910.	1,639,580.
	2	Less: Contributions	1,257,370.	201,000.	108,276.	1,566,646.
	3	Gross income (line 1 minus line 2)		24,300.	48,634.	72,934.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	0.	20,598.	39,135.	59,733.
	8	Entertainment	11,998.	5,741.	26,565.	44,304.
	9	Other direct expenses	50,479.	106.	1,606.	52,191.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				156,228.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-83,294.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other 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: _____

10a 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	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the 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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER:

12110 SUNSET HILLS RD STE #600, RESTON, VA 20190

(II) ACTIVITY: PLANNING/PROGRAM MGMT OF FUNDRAISING CAMPAIGNS & DIRECT MAIL

PART I, LINE 2B, COLUMN (V):

THE INN PAID MINDSET DIRECT PROFESSIONAL FUNDRAISING FEES IN THE AMOUNT

Part IV Supplemental Information *(continued)*

OF \$63,300. THIS IS IN ADDITION TO PRODUCTION EXPENSES THAT WERE ALSO
PAID TO MINDSET DIRECT IN THE AMOUNT OF \$191,216.

Copy for Public Inspection

**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

2019

**Open to Public
Inspection**

Name of the organization **CHILDREN'S INN AT NIH, INC.** Employer identification number **52-1638207**

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.

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

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION	35	36,872.	0.		
EMERGENCY ASSISTANCE TO RESIDENTS	24	39,928.	0.		

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:

GENERALLY, THE INN PAYS EXPENSES DIRECTLY TO GOODS AND SERVICE PROVIDERS ON BEHALF OF THE RECIPIENTS, AND THEREFORE, DOES NOT NEED TO MONITOR THE USE OF GRANT FUNDS. IF A GRANT IS MADE DIRECTLY TO A RESIDENT OR FAMILY MEMBER, THE RECIPIENT MUST PROVIDE PROOF OF PAYMENT FOR THE GOODS OR SERVICES FOR WHICH THE GRANT WAS INTENDED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **CHILDREN'S INN AT NIH, INC.**
 Employer identification number: **52-1638207**

Part I Questions Regarding Compensation

1a 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 **1b**

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? **2**

3 Indicate which, if any, of the following the 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 checked="" 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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				
(1) JENNIE LUCCA CHIEF EXECUTIVE OFFICER	(i)	220,109.	33,580.	270.	22,231.	27,149.	303,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEAN BUERGLER SR. DIRECTOR OF FINANCE	(i)	122,750.	8,500.	2,868.	12,609.	10,741.	157,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FERN STONE CHIEF DEV & COMM OFFICER	(i)	221,153.	11,000.	2,286.	22,334.	10,907.	267,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAMMY PINSON CHIEF OPERATING OFFICER	(i)	155,046.	10,000.	270.	15,892.	28,446.	209,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CATHY MORALES CHIEF PROGRAM & SERVICES OFFICER	(i)	132,876.	10,000.	774.	13,345.	1,108.	158,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

PART I, LINE 7:

ALL BONUSES RECEIVED BY OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED
EMPLOYEES LISTED IN FORM 990, PART VII WERE BASED ON AN APPRAISAL OF
HIS/HER PERFORMANCE.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **CHILDREN'S INN AT NIH, INC.** Employer identification number: **52-1638207**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	15	928,070.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	333	122,795.	ESTIMATED
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GRILL STATION)	X	1	193,424.	ESTIMATE
26	Other ▶ (SUPPLIES)	X	671	135,534.	FMV
27	Other ▶ (AUCTION ITEMS)	X	360	112,730.	FMV
28	Other ▶ (EVENT SUPPORT)	X	2	38,030.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, LINE 32B:

THE INN HAS A GIFT ACCEPTANCE POLICY THAT REQUIRES SPECIFIC REVIEW BY BOARD & DEVELOPMENT COMMITTEE MEMBERS FOR NON-STANDARD CONTRIBUTION. NO NON-STANDARD CONTRIBUTIONS WERE RECEIVED DURING THE YEAR ENDED JUNE 30, 2020.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

CHILDREN'S INN AT NIH, INC.

Employer identification number

52-1638207

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NEEDS OF CHILDREN AND FAMILIES PARTICIPATING IN GROUNDBREAKING

RESEARCH AT NIH, BY:

- RESPONDING TO EVOLVING FAMILY SUPPORT NEEDS FROM PEDIATRIC RESEARCH
AND CLINICAL CARE

- PROVIDING A FREE FAMILY-CENTERED "PLACE LIKE HOME"

- REDUCING THE BURDENS OF ILLNESS THROUGH THERAPEUTIC, EDUCATIONAL AND
RECREATIONAL PROGRAMMING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPATE IN ARE THEIR BEST HOPE FOR A DIAGNOSIS, TREATMENT, OR CURE
AND LEAD TO INNOVATIONS THAT HELP IMPROVE THE LIVES AND SURVIVAL RATES
OF COUNTLESS CHILDREN AND YOUNG PEOPLE WITH DEVASTATING DISEASES
WORLDWIDE.

THE CHILDREN'S INN FEATURES 59 ROOMS AND PROVIDES OFF-CAMPUS LODGING AT
FIVE APARTMENTS LOCATED IN BETHESDA, MARYLAND, FOR FAMILIES WHOSE
CHILDREN ARE ON ISOLATION AND TO ACCOMMODATE FAMILIES WHEN THE INN'S
ROOMS ARE FULLY OCCUPIED.

SOME OF OUR ROOMS HAVE BEEN SPECIALLY FURNISHED TO SERVE AS ISOLATION
ROOMS FOR CHILDREN WHOSE FRAGILE IMMUNE SYSTEMS OR OTHER UNIQUE HEALTH
ISSUES DO NOT PERMIT THEM TO STAY IN REGULAR ROOMS. ISOLATION ROOMS
HAVE SPECIAL FLOORING AND OTHER SURFACES THAT ARE EASY TO CLEAN AND
ALLOW FAMILIES TO STAY COMFORTABLY TOGETHER DURING ESPECIALLY STRESSFUL
TIMES.

Name of the organization

CHILDREN'S INN AT NIH, INC.

Employer identification number

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WHILE MOST FAMILIES SPEND BETWEEN ONE AND FIVE NIGHTS AT THE INN PER VISIT, MANY STAY FOR WEEKS OR EVEN MONTHS AT A TIME TO UNDERGO SUCH COMPLEX TREATMENTS AS GENE THERAPY, IMMUNE THERAPY OR BONE MARROW TRANSPLANTS THAT REQUIRE LENGTHY PREPARATION AND RECUPERATION TIMES.

AS A "PLACE LIKE HOME", THE INN MAKES IT POSSIBLE FOR FAMILIES TO EASILY AND COMFORTABLY ENGAGE IN TYPICAL ACTIVITIES - MEAL PREPARATION, HOMEWORK, LAUNDRY, EXERCISING, AND SPENDING TIME TOGETHER AS A FAMILY - WHILE ALSO PROVIDING CHILDREN WITH AMPLE SPACE TO PLAY AND PARTICIPATE IN FUN ACTIVITIES.

FAMILIES HAVE ACCESS TO THREE FULLY EQUIPPED KITCHENS WITH SEPARATE REFRIGERATOR/FREEZERS AND CABINET SPACE, SHARED DINING ROOMS, AND SHARED LIVING AND LAUNDRY ROOMS. COMMUNITY PANTRIES ARE STOCKED WITH FREE, NON-PERISHABLE FOODS FOR SIMPLE MEALS, AND TRANSPORTATION TO GROCERY STORES IS PROVIDED TWICE A WEEK. EVERY FAMILY IS ELIGIBLE FOR GROCERY GIFT CARDS.

THE CHILDREN'S INN HAS MULTIPLE INDOOR PLAY SPACES, A COMPUTER ROOM, AN EDUCATION CENTER, AND AN ART ROOM TO PLAY, LEARN, MAKE FRIENDS AND PARTICIPATE IN THE INN'S WIDE ARRAY OF RECREATIONAL, EDUCATIONAL AND THERAPEUTIC ACTIVITIES.

THE INN'S EXERCISE ROOM GIVES FAMILIES THE CHANCE TO WORK OUT ALONE OR AS PART OF INSTRUCTOR-LED GROUP EXERCISE CLASSES. A REFLECTION SPACE PROVIDES FAMILIES WITH A QUIET ROOM TO PRAY OR ENGAGE IN SPIRITUAL ACTIVITIES. WHEN THE WEATHER ALLOWS, THE INN'S LARGE PLAYGROUND IS THE

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
---	--

PERFECT PLACE FOR CHILDREN TO LET OFF STEAM AND MEET OTHER CHILDREN, WHILE THE SPORTS COURT GIVES CHILDREN THE CHANCE TO PRACTICE A VARIETY OF SPORTS. COMMUNITY BIKES, TRIKES, SCOOTERS AND OTHER EQUIPMENT ARE AVAILABLE, AND WALKING PATHS ALLOW FAMILIES TO STROLL.

CHILDREN'S INN STAFF IS ONSITE AROUND THE CLOCK FOR ASSISTANCE. MANY OF THE INN'S STAFF SPEAK MULTIPLE LANGUAGES, AND A FREE ON-CALL INTERPRETATION SERVICE IS AVAILABLE TO HELP FAMILIES AND STAFF COMMUNICATE.

THE INN'S WELCOMING, LIGHT-FILLED PHYSICAL SPACE AND ITS MANY FAMILY-CENTERED ACTIVITIES MAKE IT EASY FOR FAMILIES TO GET TO KNOW ONE ANOTHER AND FORM DEEP CONNECTIONS THAT LEAD TO LASTING, SUPPORTIVE FRIENDSHIPS REGARDLESS OF AGE OR BACKGROUND.

IN JUNE 2018, THE INN LAUNCHED ITS MULTIYEAR STRATEGIC PLAN TITLED, "#INN2025." THE PLAN'S THREE MAIN GOALS ARE:

- TO IMPROVE OUR FACILITY TO SERVE FAMILIES BETTER
- TO ENHANCE OUR ABILITY TO SUPPORT FAMILIES AND NIH CLINICIANS, AND
- TO STRENGTHEN OUR FISCAL SUSTAINABILITY.

DURING FY20, A MASTER PLAN FOR RENOVATIONS WAS COMPLETED AND PRESENTED TO THE INN'S BOARD OF DIRECTORS. AN INTERNAL WORKGROUP OF STAFF IS DETERMINING THE MOST FEASIBLE APPROACH FOR IMPLEMENTATION.

THE INN'S HOUSING PLANS FOR THE NEAR FUTURE ALSO INCLUDE CREATING LODGING TO MEET OUR YOUNG ADULT POPULATION'S UNIQUE NEEDS. THE INN IS IN THE DESIGN PHASE OF RENOVATIONS FOR A BUILDING ON THE NIH CAMPUS THAT IS LOCATED ACROSS FROM THE INN. THE BUILDING WAS GIVEN TO THE INN

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
---	--

BY THE NIH AT NO COST TO TURN IT INTO ADDITIONAL PATIENT HOUSING. WHEN COMPLETED IN 2022, THE BUILDING WILL COMPRISE SIX PRIVATE BEDROOMS, A SHARED KITCHEN AND SHARED LIVING SPACE GEARED TOWARD YOUNG ADULTS.

OVER THE PAST YEAR, 1,110 NIH PEDIATRIC AND YOUNG ADULT PATIENTS AND THEIR FAMILIES STAYED AT THE INN FOR A TOTAL OF 11,212 OVERNIGHT STAYS. THE HOUSING COSTS TO SUPPORT THESE FAMILIES AMOUNTED TO \$3,608,014. THE INN RECEIVED IN-KIND SUPPORT TOTALING \$2,162,250 THROUGH A PARTNERSHIP WITH THE NIH, CORPORATE SPONSORSHIPS AND INDIVIDUAL DONATIONS. THE INN IS ALSO SUPPORTED BY A DEDICATED GROUP OF VOLUNTEERS WHOSE MORE THAN 850 HOURS OF SERVICE HAS AN ESTIMATED VALUE OF \$ 24,353. THE TOTAL MANAGED EFFORT OF HOUSING SERVICES WAS \$5,788,975.

ON MARCH 23, 2020, TO REDUCE THE RISK OF TRANSMISSION OF COVID-19 AND ENHANCE STAFF SAFETY, THE NIH SHIFTED TO MISSION-CRITICAL FUNCTIONS. AS A RESULT, ONLY RESEARCH PARTICIPANTS IN NIH CLINICAL PROTOCOLS THAT WERE NON-ELECTIVE WERE ABLE TO CONTINUE THEIR TREATMENTS AND STAYS AT THE INN. THIS FOLLOWED THE MARCH 13 GUIDANCE TO ALL ELIGIBLE NIH STAFF TO TELEWORK TO THE MAXIMUM EXTENT POSSIBLE.

TO FURTHER THE HEALTH AND SAFETY OF ALL INN FAMILIES, STAFF AND VOLUNTEERS, THE INN CHANGED HOW SUPPORT WAS PROVIDED. THESE CHANGES INCLUDE:

- MANDATORY MASK USAGE, SOCIAL DISTANCING AND HEALTH SCREENING.
- ALL ONSITE VOLUNTEERS AND VISITORS ARE SUSPENDED.
- ONLY MISSION-CRITICAL STAFF ARE ONSITE WHILE OTHERS WORK FROM HOME.
- TRIPS TO THE GROCERY STORES ARE SUSPENDED. INSTEAD, INN STAFF

Name of the organization

CHILDREN'S INN AT NIH, INC.

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COORDINATE GROCERY DELIVERIES FOR FAMILIES.

- TO REPLACE THE MEALS DONATED TO INN RESIDENTS SIX TIMES PER WEEK BY COMMUNITY GROUPS, THE INN NOW PURCHASES AND COORDINATES THE DELIVERY OF INDIVIDUALLY PACKAGED MEALS.

- IF FAMILIES CHOOSE TO COOK IN ONE OF THE KITCHENS, THEY MUST RESERVE A TIME TO PRACTICE SAFE DISTANCING.

- ONLINE ACTIVITIES HAVE REPLACED ALL OFF-SITE FIELD TRIPS AND GROUP ACTIVITIES. IN LATE AUGUST, SOME SOCIALLY DISTANCED ACTIVITIES BEGAN TO ALLOW CHILDREN TO PARTICIPATE IN SOME LIMITED IN-PERSON ACTIVITIES. THE INN ALSO HOLDS OUTDOOR ACTIVITIES THAT MAKE PHYSICAL DISTANCING EASIER, SUCH AS MOVIE NIGHTS ON THE PLAYGROUND, PICNICS AND CAMPOUTS.

- THE INN CONTINUES TO WORK CLOSELY WITH NIH EPIDEMIOLOGISTS TO ADJUST PROCEDURES AS NEEDED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MEET THE THERAPEUTIC NEEDS OF FAMILIES.

KEEPING FAMILIES TOGETHER IS CRUCIAL FOR THE ENTIRE FAMILY'S WELL-BEING, ESPECIALLY WHEN FACED WITH A CHILD'S RARE AND SERIOUS DISEASE. THE INN'S ENVIRONMENT IS DESIGNED TO SUPPORT FAMILY LIFE AND MEET EVERY DAY NEEDS SUCH AS COOKING A CHILD'S FAVORITE MEAL, THE CHANCE TO SPEND QUALITY TIME TOGETHER OUTSIDE OF THE HOSPITAL AND PARTICIPATING IN FAMILY ACTIVITIES DURING ONE OF THE MOST CHALLENGING TIMES OF THEIR LIVES.

MOST OF OUR FAMILIES LOOK FORWARD TO THE MANY FREE RECREATIONAL, EDUCATIONAL, AND THERAPEUTIC ACTIVITIES THE INN'S RESIDENT SERVICES TEAM PROVIDES. THESE ACTIVITIES NOT ONLY ENTERTAIN FAMILIES AND BRING

Name of the organization

CHILDREN'S INN AT NIH, INC.

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JOY TO CHILDREN BUT ALSO HELP FOSTER LASTING RELATIONSHIPS WITH CHILDREN'S INN STAFF AND OTHER FAMILIES, WHICH CREATES THE INN'S UNIQUE NURTURING AND SUPPORTIVE COMMUNITY.

THE INN PROVIDES A HOST OF EDUCATIONAL PROGRAMS FOR CHILDREN AND THEIR SIBLINGS TO SUPPORT THEM WITH THEIR SCHOOLWORK AND COMMUNICATE WITH THEIR HOMESCHOOL TEACHERS. CHILDREN MAY BE MATCHED WITH INDIVIDUAL TUTORS BASED ON THEIR EDUCATIONAL NEEDS AND LANGUAGE PREFERENCES. SOME OF THE EDUCATIONAL GROUP ACTIVITIES INCLUDE LEARNING ABOUT TECHNOLOGY AND CONNECTING INN RESIDENTS WITH CHILDREN'S BOOK AUTHORS WHO ENGAGE CHILDREN AND FAMILIES IN LIVELY DISCUSSIONS ABOUT THE FUN OF READING AND WRITING STORIES. ACTIVITIES ARE DESIGNED TO ALLOW FAMILIES TO DROP THEIR CHILDREN OFF FOR AN HOUR OF LEARNING AND FUN WHILE PARENTS RECLAIM AN HOUR OF MUCH-NEEDED REST.

THE CHILDREN'S INN ALSO PROVIDES SUPPORT TO AND ACTIVITIES GEARED TOWARD OUR TEEN AND YOUNG ADULT RESIDENTS. THE TEEN AND YOUNG ADULT LOUNGE IS DESIGNED FOR CHILDREN AGES 13 AND OLDER TO HAVE THEIR OWN SPACE TO PLAY BOARD AND VIDEO GAMES, FOOSBALL, READ, STUDY, PARTICIPATE IN ORGANIZED GROUP DISCUSSIONS OR GATHER BEFORE OUTINGS TO LOCAL RESTAURANTS, LIVE CONCERTS AND SHOWS. THE CHANCE TO GET TO KNOW, SOCIALIZE AND MAKE FRIENDS WITH PEERS OF THE SAME AGE FACED WITH CHRONIC OR LIFE-THREATENING DISEASES IS WELCOMED BY OUR YOUNG PEOPLE WHO TYPICALLY HAVE NEVER HAD THE CHANCE TO MEET OTHER YOUNG ADULTS FACED WITH SIMILAR, RARE HEALTH CHALLENGES. THE CHILDREN'S INN IS EXPANDING PROGRAMS AND ACTIVITIES FOR OUR YOUNG ADULTS WHO OFTEN HAVE NOT HAD THE CHANCE TO DEVELOP INDEPENDENT LIVING SKILLS TO THE SAME DEGREE AS HEALTHY PEERS THEIR AGE. BY 2022, WE PLAN TO DEDICATE A

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FULL-TIME STAFF MEMBER TO SUPPORT OUR YOUNG ADULT RESIDENTS AND THEIR UNIQUE NEEDS. OUR RESIDENT SERVICES TEAM IS WORKING CLOSELY WITH OUR PARTNERS AT THE NIH TO COORDINATE THIS NEW POSITION. IN 2022, THE INN ALSO PLANS TO OPEN A SECOND BUILDING LOCATED DIRECTLY ACROSS THE STREET, WHICH WILL PROVIDE HOUSING DESIGNED FOR OUR YOUNG ADULTS, AGES 18-29.

CAREGIVER GATHERINGS LED BY THE CLINICAL CENTER'S NON-DENOMINATIONAL CHAPLAIN PROVIDE PARENTS, GRANDPARENTS AND OTHERS WITH THE CHANCE TO ENGAGE IN THERAPEUTIC DISCUSSIONS, SING SONGS TOGETHER AND EXPLORE THEIR SPIRITUALITY. MANY CAREGIVERS REPORT THEY FIND SOLACE AND INSPIRATION IN CONVERSATIONS WITH THE CHAPLAIN AND OTHER CAREGIVERS. THE CHANCE TO EXPRESS AND DISCUSS THE DIFFICULTIES OF THEIR SITUATION STRENGTHENS FAMILIES' BONDS AND THE INN'S NURTURING COMMUNITY.

EXERCISE IS ANOTHER MEANINGFUL WAY FOR PARENTS AND CAREGIVERS TO PRACTICE SELF-CARE. THE INN'S EXERCISE ROOM PROVIDES WEIGHTS AND CARDIAC EQUIPMENT FOR AN EASY WAY TO STAY IN SHAPE AND DE-STRESS. IN ADDITION, THE INN OFFERS FREE FITNESS CLASSES TAUGHT BY CERTIFIED TRAINERS.

THE INN'S RESIDENT SERVICES TEAM ALSO PROVIDES A WIDE RANGE OF RECREATIONAL ACTIVITIES FOR FAMILIES. THESE INCLUDE FIELD TRIPS TO TOURIST ATTRACTIONS, LOCAL MUSEUMS AND ART STUDIOS, SPORTING EVENTS, RESTAURANTS, CONCERTS, MUSICALS, ICE DANCING AND OTHER FAMILY-FRIENDLY PERFORMANCES. FOR MANY FAMILIES, THESE OUTINGS ARE THEIR VERY FIRST TIME ATTENDING WORLD-CLASS PERFORMANCES, AND THEY CHERISH THESE EXTRAORDINARY EXPERIENCES AND SHARED MOMENTS OF JOY.

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SPECIAL ACTIVITIES FOR PATIENTS AND THEIR SIBLINGS INCLUDE:

- A DROP-OFF CAMP CALLED "CAMP INNCREIBLE" ALLOWS CHILDREN TO PARTICIPATE IN TYPICAL CAMP ACTIVITIES DURING THE SUMMER MONTHS. IN RECENT YEARS, THE INN HAS ADDED CAMP ACTIVITIES FOR TEENS, AS WELL AS ACTIVITIES DURING THE SPRING AND WINTER BREAKS.
- "SIBLING DAY," WHICH PROVIDES THE CHANCE FOR SIBLINGS TO LEARN ABOUT THE MEDICAL PROCEDURES THEIR SICK SIBLING MAY UNDERGO AND RECOGNIZES THESE SIBLINGS AS "SUPER SIBS" FOR THEIR MANY IMPORTANT CONTRIBUTIONS TO THEIR FAMILIES.
- TWO DAYS OF ACTIVITIES JUST FOR OUR TEEN RESIDENTS WHO PARTICIPATE IN "TEEN RETREAT".
- "CHRISTMAS IN JULY," WHICH IS A SPECIAL SUMMERTIME CHRISTMAS THAT SHOWERS CHILDREN WITH GIFTS AND SURPRISES THEM WITH A VISIT FROM SANTA. -HOLIDAY DECORATIONS AND VISITS FROM SANTA AND THE ELVES TRANSFORM THE INN INTO A MAGICAL PLACE DURING THE MONTH OF DECEMBER. EVERY CHILD AND FAMILY MEMBER CAN WRITE SANTA A WISH LIST, AND SANTA AND OUR CARING VOLUNTEER ELVES MAKE SURE WISHES ARE FILLED TO THE BEST EXTENT POSSIBLE.
- MEALS AND ACTIVITIES SO THAT FAMILIES CAN CELEBRATE THE HOLIDAYS. FOR INTERNATIONAL FAMILIES, THE OPPORTUNITY TO ENJOY A TRADITIONAL THANKSGIVING MEAL IS ALWAYS SPECIAL.

MEALS SERVED BY VOLUNTEERS OR INN STAFF PROVIDE FAMILIES WITH THE CHANCE TO FOCUS ON THEIR CHILD AND THEIR HEALTH RATHER THAN COOK AFTER LONG DAYS OF TRAVEL OR MEDICAL APPOINTMENTS. TO SUPPORT FAMILIES, VOLUNTEERS AND COMMUNITY GROUPS SERVE BREAKFAST MOST DAYS AND DINNERS MOST NIGHTS OF THE WEEK, AS WELL AS SUNDAY BRUNCH. RECENTLY, THE INN

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BEGAN SERVING LUNCH TO FURTHER SUPPORT FAMILIES AND OFFER THEM AN ADDITIONAL MEAL FREE OF CHARGE. SINCE THEN, WE HAVE EXPANDED OUR LUNCH PROGRAM TO INCLUDE MEAL OPTIONS FOR VARIOUS DIETARY RESTRICTIONS AND MEET STRICT FOOD STANDARDS FOR OUR TRANSPLANT PATIENTS. THE EXPANDED OPTIONS INCLUDE GLUTEN-FREE, FAT-FREE AND DAIRY-FREE MEALS, AS WELL AS FRESH FRUIT AND VEGETABLES AND VEGETARIAN OPTIONS.

SHARED MEALS BRING PEOPLE TOGETHER AND ARE AN EASY WAY FOR FAMILIES TO MEET ONE ANOTHER AND BOND. INTERNATIONALLY THEMED MEALS ORGANIZED BY OUR RESIDENT SERVICES STAFF PROVIDE THE OPPORTUNITY FOR FAMILIES FROM DIFFERENT COUNTRIES AND CULTURES TO SHARE THEIR NATIONAL DISHES AND CELEBRATE THEIR CULTURES WITH OUR COMMUNITY OF RESIDENTS FROM ALL BACKGROUNDS, FAITHS AND NATIONALITIES.

FOR FAMILIES WISHING TO COOK, NON-PERISHABLE ITEMS FOR QUICK MEALS ARE PROVIDED FREE OF CHARGE IN OUR KITCHENS' COMMUNITY PANTRIES. TWICE A WEEK, OUR TEAM ORGANIZES TRIPS TO THE GROCERY STORE AND GIVES OUT GROCERY GIFT CARDS TO FAMILIES. OUR KITCHENS ARE EQUIPPED WITH INDIVIDUAL REFRIGERATOR/FREEZERS AND PANTRY SPACE FOR EASY, HYGIENIC FOOD STORAGE.

TO HELP NON-ENGLISH-SPEAKING FAMILIES, TUTORING IS AVAILABLE FREE OF CHARGE. MULTILINGUAL STAFF AND PHONE-ACCESSIBLE TRANSLATION SERVICES ARE ALWAYS AVAILABLE TO HELP FAMILIES COMMUNICATE.

A GROUP OF DEDICATED VOLUNTEERS SUPPORTS THE INN'S RESIDENT SERVICES TEAM BY MANAGING THE WELCOME DESK AND CHECKING FAMILIES IN AND OUT OF THE INN, STOCKING THE KITCHENS, ORGANIZING IN-KIND DONATIONS AND

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OFFERING INFORMATION TO FAMILIES ABOUT LOCAL CULTURAL AND TOURIST
 ATTRACTIONS, PUBLIC TRANSPORTATION AND MORE.

IN FY2020, THE INN OFFERED MORE THAN 787 HOURS OF ORGANIZED FAMILY
 ACTIVITIES. THE INN DEDICATED \$2,301,594 OF ITS RESOURCES TO PROVIDING
 FAMILY SUPPORT SERVICES AND RECEIVED ADDITIONAL IN-KIND SERVICES VALUED
 AT \$555,128 FOR OUR FAMILY SUPPORT PROGRAMS AND OUTINGS. VOLUNTEER
 SUPPORT FOR RESIDENT SERVICES AND FAMILY PROGRAMS TOTALED 8,719 HOURS
 OR THE EQUIVALENT OF 4.2 STAFF MEMBERS, VALUED AT \$249,800. THE TOTAL
 MANAGED EFFORT OF OUR FAMILY SUPPORT SERVICES IS \$3,106,522.

FORM 990, PART III, LINE 4B, CONTINUED:

ON MARCH 23, 2020, TO REDUCE THE RISK OF TRANSMISSION OF COVID-19 AND
 ENHANCE STAFF SAFETY, THE NIH SHIFTED TO MISSION-CRITICAL FUNCTIONS. AS
 A RESULT, ONLY RESEARCH PARTICIPANTS IN NIH CLINICAL PROTOCOLS THAT
 WERE NON-ELECTIVE WERE ABLE TO CONTINUE THEIR TREATMENTS AND STAYS AT
 THE INN. THIS FOLLOWED THE MARCH 13 GUIDANCE TO ALL ELIGIBLE NIH STAFF
 TO TELEWORK TO THE MAXIMUM EXTENT POSSIBLE.

TO FURTHER THE HEALTH AND SAFETY OF ALL INN FAMILIES, STAFF AND
 VOLUNTEERS, THE INN CHANGED HOW SUPPORT WAS PROVIDED. THESE CHANGES
 INCLUDE:

- MANDATORY MASK USAGE, SOCIAL DISTANCING AND HEALTH SCREENING.
- ALL ONSITE VOLUNTEERS AND VISITORS ARE SUSPENDED.
- ONLY MISSION-CRITICAL STAFF ARE ONSITE WHILE OTHERS WORK FROM HOME.
- TRIPS TO THE GROCERY STORES ARE SUSPENDED. INSTEAD, INN STAFF
 COORDINATE GROCERY DELIVERIES FOR FAMILIES.

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- TO REPLACE THE MEALS DONATED TO INN RESIDENTS SIX TIMES PER WEEK BY COMMUNITY GROUPS, THE INN NOW PURCHASES AND COORDINATES THE DELIVERY OF INDIVIDUALLY PACKAGED MEALS.

- IF FAMILIES CHOOSE TO COOK IN ONE OF THE KITCHENS, THEY MUST RESERVE A TIME TO PRACTICE SAFE DISTANCING.

- ONLINE ACTIVITIES HAVE REPLACED ALL OFF-SITE FIELD TRIPS AND GROUP ACTIVITIES. IN LATE AUGUST, SOME SOCIALLY DISTANCED ACTIVITIES BEGAN TO ALLOW CHILDREN TO PARTICIPATE IN SOME LIMITED IN-PERSON ACTIVITIES. THE INN ALSO HOLDS OUTDOOR ACTIVITIES THAT MAKE PHYSICAL DISTANCING EASIER, SUCH AS MOVIE NIGHTS ON THE PLAYGROUND, PICNICS AND CAMPOUTS.

- THE INN CONTINUES TO WORK CLOSELY WITH NIH EPIDEMIOLOGISTS TO ADJUST PROCEDURES AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE INN HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM 990. THE FEDERAL FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE. UPON APPROVAL, THE FEDERAL FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL STAFF, COMMITTEE MEMBERS AND BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST DECLARATION WHEN THEY INITIALLY BECOME A MEMBER OF THE INN'S TEAM AND THEN ANNUALLY, THEREAFTER. THE CHIEF OPERATING OFFICER MONITORS STAFF. COMMITTEE AND BOARD MEMBERS ARE MONITORED BY THE SPECIAL ASSISTANT TO THE CEO. COMPLIANCE IS ENFORCED BY THE CHAIR OF THE AUDIT COMMITTEE. A BOARD MEMBER WITH A DUAL INTEREST IN A PROPOSED TRANSACTION SHALL BE EXCLUDED FROM ANY DISCUSSION OR VOTE REGARDING THE MATTER EXCEPT WHEN POINTS OF CLARIFICATION ARE NEEDED.

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FORM 990, PART VI, SECTION B, LINE 15A:

JENNIE LUCCA, CEO, WAS HIRED EFFECTIVE 1/1/2015 FOLLOWING THE UNANIMOUS APPROVAL BY THE BOARD. AN AUTOMATICALLY RENEWING CONTRACT IS IN PLACE, AND THE INCREASE AND BONUS AWARDED WERE CONSISTENT WITH THE TERMS OF THE CONTRACT, INCLUDING THE USE OF COMPARABILITY DATA, REVIEW AND APPROVAL BY THE BOARD (INDEPENDENT PERSONS) AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN
UT, VA, WV, WI, ND

FORM 990, PART VI, SECTION C, LINE 19:

THE COMPLETE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY, AND THE FORM 1023 ARE AVAILABLE IN OUR OFFICES AND WILL BE MADE AVAILABLE TO ANYONE REQUESTING COPIES. BASIC INCOME, EXPENSE, FUNCTIONAL EXPENSE BREAKDOWN, CLASSIFICATION OF NET ASSETS, MOST RECENT FEDERAL FORM 990, MOST RECENT AUDITED FINANCIAL STATEMENTS, OUR CODE OF ETHICS AND CORE VALUES ARE AVAILABLE ON OUR WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SEVENWEST, LLC - 52-1638207 7 WEST DRIVE BETHESDA, MD 20814	HOLDING DEED TO TIME-SHARE	MARYLAND	0.	10,000.	THE CHILDREN'S INN AT NIH, INC.
LIAC, LLC - 81-3423277 7 WEST DRIVE BETHESDA, MD 20814	HOLDING 10% INTEREST IN LIFE IS A COUPON	MARYLAND	0.	0.	THE CHILDREN'S INN AT NIH, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

